

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-015-26628

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL WELL ☐

GAS WELL ☒

OTHER

2. Name of Operator

Mewbourne Oil Company

3. Address of Operator

P. O. Box 7698, Tyler, Texas 75711

4. Well Location

Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line

Section 14

Township 17S

Range 26E

NMPM

Eddy

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3323.5' GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Fracture Treat ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

5/11/91 - Western fracture treated Morrow formation perfs 8496-8502' and 8508-8526' down 2-3/8" tubing with 27,000 gals 73 downhole slurry quality Binary Westfoam carrying 15,250# 20/40 Mesh ACFRAC Black Westprop-3. Flushed with 1420 gals CO₂/N₂ 2% KCL water. ISDP 4500#, 5 mins 3550#, 10 mins 3400#, 15 mins 3250#.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE

Engr. Oprns. Sec.

DATE

6/20/91

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

APPROVED BY

SUPERVISOR, DISTRICT II

TITLE

DATE

JUL 23 1991

CONDITIONS OF APPROVAL, IF ANY: