Submit 3 Copies to Appropriate District Office

State of New Mexico
En. _____, Minerals and Natural Resources Department

DISTRICT I

OIL CONSERVATION DIVISION

CISIV	Form C-103 Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240	2040 Pacheco St. Santa Fe, NM 87	WELL API NO. ↓ 30-015-31268			
<u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	Canta i C, : INWI - O/		sIndicate Type of Leas	se State	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			₅State Oil & Gas Leas E-742		FEE
SUNDRY NOTICES AN (DO NOT USE THIS FORM FOR PROPOSALS DIFFERENT RESERVOIR. US (FORM C-101) FOR	7Lease Name or Unit Agreement Name Empire 20 State				
OIL GAS WELL WELL	OTHER				
2Name of Operator Mewbourne Oil Company			₃Well №. 2		
3Address of Operator PO Box 5270, Hobbs, New Mexico 88241			«Pool name or Wildca East Empire Yes		
4Well Location					•
Unit Letter F : 1650 Feet From	The North	Line and 1650	Feet From The	West	_ Line
Section 20 Town	nship 17S F noElevation (Show whether DF, a 3624' GL	Range 29E RKB, RT, GR, etc.)	NMPM	Eddy Co	ounty
11 Check Appropria	te Box to Indicate Na	ture of Notice. Rep	oort, or Other D	oata	
NOTICE OF INTENTI	SEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PL	JG AND ABANDON	REMEDIAL WORK		ALTERING CASING	:
TEMPORARILY ABANDON CH	ANGE PLANS	COMMENCE DRILLING OF	PNS.	PLUG AND ANBANDO	ONMENT
PULL OR ALTER CASING		CASING TEST AND CEME	ENT JOB		
OTHER:		OTHER: Spud, surfac	e & production csg	<u> </u>	X
12Describe Proposed or Completed Operations (Clearly Swork) SEE RULE 1103.	tate all pertinent details, and give	pertinent dates, including es	timated date of starting	any proposed	
12/28/00Spud 12 1/4" hole @ 2:00 pm. D Circl 50 sks to pit. WOC 18 hrs.	rilled to 410'. Ran 8 5/8" 3 est BOP & Equipment to	32# J-55 csg to 410'. C 1200 psi. OK.	emented w/ 300 sk	ks 'C' w/ 2% CaCl2	
01/04/01TD'ed 7 7/8" hole @ 4290'. Ran Mixed @ 14.1 #/g & 1.35 yd. Circ 100 sks 'C' neat. Circl 110 sks to	88 sks to pit. Cemented 2				ives.
			15/35 C/Poz w/ ad 15/35 C/Poz w/ ad 15/35 C/Poz w/ ad 15/35 C/Poz w/ ad 15/35 C/Poz w/ ad	9202733	
		/	RECEIVED OCD ARTE	SI	
I hereby certify that the information above is true and co		ge and belief. TLE District Manager	100	DATE 01-10-01	
		LE District Manager			
(This space for State Use)	DV TIME W CITM			TELEPHONE NO. 505-3	193-5905
DISTRICT H SUPP	ry ioc r				9 2001
APPROVED BY	TIT	TLE		DATE	