

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

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

RECEIVED
JUL 10 1991

O. C. D.

WELL API NO.	15 30-025-22121
5. Indicate Type of Lease	STATE ☐ FEE ☒
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	
SPENCER " COM "	
8. Well No.	1
9. Pool name or Wildcat	

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 MEWBORURNE	Mewbourne Oil Company
3. Address of Operator P.O. Box 5270 Hobbs, N.M. 88241	
4. Well Location Unit Letter F : 1650 Feet From The NORTH Line and 1650 Feet From The WEST Line Section 9 Township 18-E Range 26-E NMPM EDDY County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER: ☐
OTHER: ☐	

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.

1. SET 5½ C.I.B.P. AT 8500 E SPOT 10SKS CEMENT ON TOP OF C.I.B.P.
2. LOAD HOLE W/MUD
3. CUT 5½ CASING AT 630 LAID DOWN
4. SPOT 25SKE CEMENT PLUG AT 5630'
5. SPOT 35SKC CEMENT PLUG AT 4290'
6. SPOT 25 SKC CEMENT PLUG AT 2215'
7. PERFORATED AT 1300 5½ CASING- HOLDING PRESSURE AT 500 PSI
8. SPOT 25SKS CEMENT PLUG AT 1350' ACCRUSS PERF.
9. SPOT 35 SKC CEMENT PLUG AT 689' 5½ STUB
10. SPOT 30 SKC CEMENT PLUG AT 400'
11. SPOT 15 SKC CEMENT PLUG AT SURF E SET UP P. & A. MARKER.

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

SIGNATURE Raymond Maldonado TITLE P & A SUPERVISOR DATE 5-9-91
TYPE OR PRINT NAME RAYMOND MALDONADO TELEPHONE NO. (505) 397-3502

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: