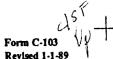
Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department



DISTRICT

OIL CONSERVATION DIVISION

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Form C-103 VV Revised 1-1-89	1

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-015-26333
		5. Indicate Type of Lease STATE FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REP (DO NOT USE THIS FORM FOR PROPOSALS TO DRIL DIFFERENT RESERVOIR. USE "APPL (FORM C-101) FOR SUCH P	L OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
1. Type of Well: Oil. GAS WELL WELL X	RECEIVED	GIN
2. Name of Operator		8. Well No.
Mewbourne Oil Company	V JIN 19'90	1
3. Address of Operator D. O. Poyr 7609 Thylon Morro	0 75711 - 0	9. Pool name or Wildcat
P. O. Box 7698, Tyler, Texa	Wood ARRESMA, OFFICE	West Atoka - Morrow
Unit Letter $\underline{}:\underline{}\underline{}$: $\underline{}\underline{}$ Feet From The	West Line and 990	Peet From The South Line
Section 9 Township	L8S Range 26E	NMPM Eddy County
10. Elev	ation (Show whether DF, RKB, RT, GR, etc.) 3380 ¹ GR	
11. Check Appropriate Bo	ox to Indicate Nature of Notice, Re	eport, or Other Data
NOTICE OF INTENTION TO		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND A	BANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PL	ANS COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	ALTER CASING CASING TEST AND CEMENT JOB	
OTHER:	OTHER: Drill	lstem Test
12. Describe Proposed or Completed Operations (Clearly state awork) SEE RULE 1103.	ll pertinent details, and give pertinent dates, includ	ding estimated date of starting any proposed
5/31/90 - DST #2 - Middle Morrov Top of packer at 8762'. Bottom	Sand 8768-8790'. On bott of packer at 8768'.	om with test tools at 7:15 AM.
Sample Chamber: Contained 900 c	d. Chlorides 85,000. Rweet drilling fluid. Chloridep. 145° at 8751'.	= .070 at 60°F. es 85,00042 CF gas.
IHP 4502#. IPF 30 mins 62#. FPF FSIP 120 mins 3262#. FHP 4502#.	62#. ISIP 60 mins 2092#.	IFF 62#. FFFP 60 mins 54#.
I hereby certify that the information about is true and complete to the be-	, ·	_
SKINATURE MUMINIMA	Engr. Oprns.	Secretary DATE 6/8/90
TYPE OR PRINT NAME / Saylon Thompson		(214) 561-2900 TELEPHONE NO.
(This space for State Use) ORIGINAL SIGNED 1	3Y	
MIKE WILLIAMS	NOW 10 TOTAL	JUN 2 6 1990
APPROVED BY SUPERVISOR DISTRICTIONS OF APPROVAL, IF ANY:	HOT if mue ——————	DATE -