Form 3160-5 (June 1990)

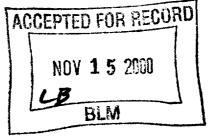
UNITED STATES DEPARTMENT OF THE INTERIOR

INJUL WILL CONS. DIVISION 811 & st Street

Artesia, NM 88210 280 4 u No. 1004-0135

DUDEALLOELAN	D MANIA CEMENIT	Expires. March 31, 1993	
BUREAU OF LAN	5. Lease Designation and Serial No. NM-42410		
SUNDRY NOTICES AND Do not use this form for proposals to drill or Use "APPLICATION FOR P	6. If Indian, Allottee or Tribe Name		
SUBMIT IN T	7. If Unit or CA, Agreement Designation		
1. Type of Well Oil Gas Well Well Other 2. Name of Operator	8. Well Name and No. Federal T #1		
Mewbourne Oil Comfany	9. API Well No.		
3. Address and Telephone No.	30-015-26404		
PO Box 5270, Hobbs, NM 505-393-5905	10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description	N. Illinois Camp Morrow		
660' FNL & 990' FEL, Sec.12 T-18S R-27E		11. County or Parish, State	
		Eddy, NM	
12. CHECK APPROPRIATE BOX(s) TO	INDICATE NATURE OF NOTICE, REPORT, C	R OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION		
Notice of Intent	Abandonment	Change of Plans	
	Recompletion	New Construction	
X Subsequent Report	Plugging Back	Non-Routine Fracturing	
	Casing Repair	Water Shut-Off	
Final Abandonment Notice	Altering Casing	Conversion to Injection	
	X Other MIT.	Dispose Water	
	• •	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
The above caption well was successfully MIT'ed on The pressure chart is enclosed. If any question, please call.	Il pertinet details, and give pertinent dates, including estimated date and true vertical depths for all markders and zones pertinent to this on 10/25/2000. (520 psi for 30 mins.)	of starting any proposed work. If well is work.)*	
S. C. L.	ACCEPTED FOR	RECORD	





14. I hereby certify that the foregoing is true and correct					
Signed The they	Title	N.M. Young	District Manager	Date	11/01/00
(This space for Federal or State office use)					
Approved by Rencel Only Conditions of approval, if any:	Title			Date	
Conditions of approval, if any:					

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

OCD-Artesia

Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR

CISK FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

DUDEALLOE	LAND MANAGEMENT				
	5. Lease Designation and Serial No. NM-42410				
Do not use this form for proposals to dri	AND REPORTS ON WELLS II or to deepen or reentry to a different reservoir. OR PERMIT-" for such proposals	6. If Indian, Allottee or Tribe Name			
SUBMIT	7. If Unit or CA, Agreement Designation				
1. Type of Well Oil Gas Well Well Other	8. Well Name and No.				
2. Name of Operator	Federal T #1				
Mewbourne Oil Com[any	9. API Well No.				
3. Address and Telephone No.	30-015-26404				
PO Box 5270, Hobbs, NM 505-393-5905	10. Field and Pool, or Exploratory Area				
4. Location of Well (Footage, Sec., T., R., M., or Survey De	N. Illinois Camp Morrow				
660' FNL & 990' FEL, Sec.12 T-18S R-27E	11. County or Parish, State				
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12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, C	R OTHER DATA			
TYPE OF SUBMISSION	TYPE OF ACTION				
X Notice of Intent	Abandonment	Change of Plans			
	Recompletion	New Construction			
Subsequent Report	Plugging Back	Non-Routine Fracturing			
	Casing Repair	Water Shut-Off			
Final Abandonment Notice	Altering Casing	Conversion to Injection			
	Other CIT & Extend T/ A.	Dispose Water			
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			
	tate all pertinet details, and give pertinent dates, including estimated date sured and true vertical depths for all markders and zones pertinent to this				
a 5 1/2" CIBP above all perfs @ 6800". We a schelude a CIT (500 psi) & after passing, extend T/A s	status. Mewbourne Oil Company would like to extend this re considering converting this well into a SWD. At this time tatus for an additional time.				
If any question, please call.					
If any question, please call. NOV 2000 RECEIVED OCD - ARTESIA					
NOV 2000 15 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16	TA 2000 10 125 1200 8	RECEIVE			
22.3	SOURCE AREA	/ED P 2: 34			
14. I hereby certify that the foregoing is true and correct	Title N.M. Young District Manager	10/06/00			
Signed(This space for Federal or \$tate office use)	Title N.M. Young District Manager	Date 10/06/00			
Approved by Conditions of approval, if any:	ARA Title Patroloum Englineer	Date ///6/2000			