

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
811 S. 1st Street  
Artesia, NM 88210-2834

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

CIS F

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT-" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well  
☐ Oil Well ☐ Gas Well ☒ Other

2. Name of Operator  
Mewbourne Oil Company

3. Address and Telephone No.  
PO Box 5270, Hobbs, NM 505-393-5905

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FNL & 990' FEL, Sec.12 T-18S R-27E

5. Lease Designation and Serial No.  
NM-42410

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
Federal T #1

9. API Well No.  
30-015-26404

10. Field and Pool, or Exploratory Area  
N. Illinois Camp Morrow

11. County or Parish, State  
Eddy, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

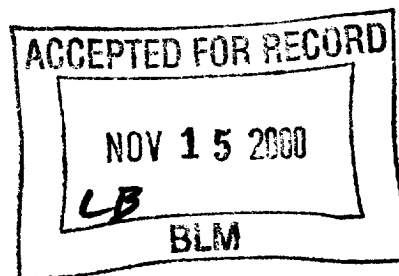
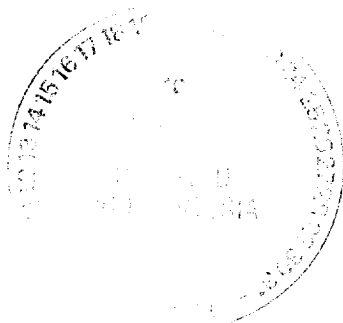
TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other MIT.  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

The above caption well was successfully MIT'ed on 10/25/2000. (520 psi for 30 mins.)  
The pressure chart is enclosed.  
If any question, please call.



14. I hereby certify that the foregoing is true and correct

Signed

*[Signature]*

Title N.M. Young

District Manager

Date 11/01/00

(This space for Federal or State office use)

Approved by

*Record Only*

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.

\*See Instruction on Reverse Side

