

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

WELL API NO. 30-015-26499
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-7071
7. Lease Name or Unit Agreement Name Loco Hills State
8. Well No. 1
9. Pool name or Wildcat Cedar Lake Morrow

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED
(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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2. Name of Operator Mewbourne Oil Company
3. Address of Operator P.O. Box 5270 Hobbs, New Mexico 88241	4. Well Location Unit Letter <u>M</u> : <u>990</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>2</u> Township <u>18S</u> Range <u>30E</u> NMPM <u>Eddy</u> County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3507' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☒
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

* Note: Change in Intermediate Casing setting depth. Depth was 4,500' will change to 3,600', per conversation approved verbal by Darrell Moore.

Proposed Casing and Cement Program:

Size of hole	Size of Casing	Weight Per Foot	Setting Depth
11"	8 5/8"	24 & 32#	3,600'

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

SIGNATURE W.H. Cravey TITLE District Supt. DATE 11/08/90
(505)

TYPE OR PRINT NAME W.H. Cravey TELEPHONE NO. 393-5905

(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR, DISTRICT II DATE NOV 16 1990
CONDITIONS OF APPROVAL, IF ANY:

