to Appropriate Listingt Office	Energy, Midmiab and Name No	sourcer preparation		cly!			
DISTRICT P.O. Box 1960, Hobbs, NM 88241	OL CONSERVATION DIVISION P.O. Box 2088 Santz Fe, New Mexico 87504-2088		30-015-264	<del></del>			
DISTRICT II P.O. Drawer DD, Anesia, NM 8E210			5. Indicate Type of Lease  STATE X FEE				
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	_	_0 _ 5 1992	6. State Oil & Gas Le B-7071				
SUNDRY NOT ( DO NOT USE THIS FORM FOR PR DIFFERENT RESE (FORM)	7. Lease Name or Unit Agreement Name						
1. Type of Well: OIL GAS	OTHER		Loco Hills	State			
WELL X WELL	J OTHER		8. Well No.				
Mewbourne Oil Compa	any /		9. Pool name or Wild	cat			
3. Address of Operator	os, New Mexico 88241		1	- Strawn			
4. Well Location		66	60 Feet From Th	e West Line			
Unit LetterM :9	90 Feet From The South	Line and DC	rea From In	e <u>Mest</u> Zuc			
Section 2	Township 185 Ru  10. Elevation (Show whether	nge 30E	NMPM Eddy	County			
	10. Elevation (Show whether	DF, KKB, KI, GK, 26.)					
Check	Appropriate Box to Indicate	Nature of Notice, R	Report, or Other D	ata			
NOTICE OF IN		SUE	SEQUENT REI	PORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	AL	TERING CASING			
<u></u>	CHANGE PLANS	COMMENCE DRILLIN	GOPNS. DPL	UG AND ABANDONMENT			
TEMPORARILY ABANDON	CASING TEST AND CEMENT JOB						
PULL OR ALTER CASING	OTHER: Acreage Dedication						
OTHER:		01112111		relina any proposed			
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.							
Attached is an ameno	led Acreage Dedication F	lat for the Lo	co Hills State	#1			
Attached is an amended Acreage Dedication Plat for the Loco Hills State #1 assigning 160 acres to the Cedar Lake - Strawn Pool as per Order No. R-9554-A.							
assigning for acres to the cedar take - Strawn root as per order than the strain							
7	$\mathcal{O}$						
I hereby certify that the information shade is	true and complete to the best of my knowledge as	d belief.	<b>4</b>	DATE 12-11-92			
SIGNATURE	Lung.	me District Su	pt.	_ DATE			
THE OF PRINT NAME (KETTY				TELEPHONE NO.			
TIPEORPRIN	Ryan			TELEPHONE NO.			
(This space for State Use) ORIC	Ryan  GINAL SIGNED BY  WILLIAMS			<b>DEC 1 8 1992</b>			
(This space for State Use) ORIC	Ryan	m.e					

		ĺ	,