

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS **O. C. D.**

Do not use this form for proposals to drill or to deepen or reentry to ~~an oil or gas~~ 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.

P. O. Box 7698, Tyler, Texas 75711 (903) 561-2900

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

2250' FWL & 790' FSL Sec. 1, T18S-R27E

5. Lease Designation and Serial No.

NM-0557371

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Chalk Bluff Fed.Com.#1

9. API Well No.

30-015-26575

10. Field and Pool, or Exploratory Area

N.Illinois Camp-Mor.-Gas

11. County or Parish, State

Eddy

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 Additional perfs,
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- ☐ 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.)*

8/25/92 - Frac Morrow perfs 9861-9882' w/38,000 gals Binary Foam carrying 30,000# 20/40 Interprop. ISDP 4650#, 5 min 4010#, 10 min 3880#, 15 min 3800#. ATP 7800#. MTP 8600#. RD Western 320 bbls load to recover. Opened well to pit on 12/64" choke. Installed 14/64" positive choke. Left well flowing to pit.

8/27/92 - RU swab unit. IFL @ 6150'. Swabbed well dry. Continued swabbing. Had flare during swab run & no flare after run. Recovering load.

9/03/92 - SITP 1450#. Put well down line on 12/64" choke.

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

Signed Raymond Thompson Title Engr. Oprns. Secretary Date 9/11/92

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: