

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

clsf  
dp

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

RECEIVED  
OCT 13 1992

O. C. D.  
ARTESIA OFFICE

WELL API NO. 30-015-26869
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-7989
7. Lease Name or Unit Agreement Name Red Lake State "Comm"
8. Well No. #1
9. Pool name or Wildcat Red Lake Atoka/Morrow Gas
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

SUNDRY NOTICES AND REPORTS ON WELLS  
(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 <input type="checkbox"/>	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>N</u> : <u>1980</u> Feet From The <u>West</u> Line and <u>990</u> Feet From The <u>South</u> Line Section <u>16</u> Township <u>18S</u> Range <u>27E</u> NMPM Eddy County

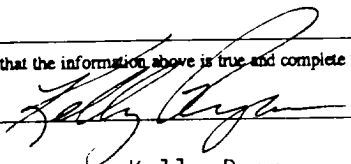
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <u>Add Perforations in the Morrow formation</u>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

Add Morrow Perforations (9403'-9410')  
Treat and evaluate.

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

SIGNATURE



TITLE

District Supt.

DATE October 7, 92

TYPE OR PRINT NAME

Kelly Ryan

TELEPHONE NO. 393-5905

(This space for State Use)

ORIGINAL SIGNED BY  
MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

OCT 22 1992

CONDITIONS OF APPROVAL, IF ANY: