— Sub—it 3 Coming	State of New Mexico					Form C-103		
Submit 3 Copies to Appropriate District Office	e Energy, Minerals and Natural Resou					Revised 1	.1-89	
DISTRICT I P.O. Box 1980, Hobb	os, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO.			
DISTRICT II		Santa Fe, New Mexico 87504-2088			30-015-26869			
P.O. Drawer DD, Artesia, NM 88210					5. Indicate Type of Lease STATE FEE  FEE			
DISTRICT III 1000 Rio Brazos Rd.,	, Aztec, NM 87410	6. State Oil & G						
				<del></del>	111111111111111111111111111111111111111			
( DO NOT USE TH	SUNDRY NOTI HIS FORM FOR PRO DIFFERENT RESEF (FORM C	7. Lease Name or Unit Agreement Name						
1. Type of Well: Off. GAS WELL WELL OTHER					Red Lake State			
2. Name of Operato	r			i i	8. Well No.			
Mewbourne Oil Company 🗸					1 D. P. L. W. Wildow			
3. Address of Operator					9. Pool name or Wildcat  Red Lake (Atoka)			
P.O. Box 4. Well Location	<u> 5270 Hobbs</u>	<u>, New Mexico</u>	88241		Reu La	Ke (ALUKA)		
Unit Letter	N : 198	O Feet From The _	West	Line and990	Feet Fro	m The South	Line	
Section	16			<sub>nge</sub> 27E	NMPM	Eddy	County	
		10. Elevati	on (Show whether 3449) GI	DF, RKB, RT, GR, etc.)				
	Charle	Annonciata Roy		Nature of Notice, R	eport, or Othe	er Data		
11. NO		RENTION TO:	to marcae i	SUE	SEQUENT	REPORT OF:		
PERFORM REMEDI		PLUG AND AB	ANDON [	REMEDIAL WORK		ALTERING CASING	<b>3</b>	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE					GOPNS.	PLUG AND ABAND	ONMENT	
PULL OR ALTER CASING CAS				CASING TEST AND C	EMENT JOB			
OTHE <b>R</b> :				OTHER:				
12. Describe Propose work) SEE RUL		tions (Clearly state all p	pertinent details, ar	ad give pertinent dates, incli	iding estimated date	of starting any propose	d	
04/11/94	Set 5-1/2"	CIBP at 9310	'. Dump 4	sx. cement on	top of plug	). 05 - 1		
	6/1201 504	· 25 ev nlua	at 4240'	place hole with				
04/13/94	Set 25 sx.	plug at 1850	'. Set 25	sx. plug at 90	00'. Set 2	25 sx. plug a	t 446'.	
04/14/04	Set 10 sx.	surface plug	. Dug out	well. Installe	ed P & A man	rker.		
04/14/94	cut off wer	mead. werd	eu cap on	Well. Install	id i a ii iiai	Pref I 7-8- Px	-D-2	
						7-8-	- 94 H-•	
			,			1 1	1/	
	1 /11		<i></i>					
I hereby certify that the	information above is tru	e and complete to the best.	of my knowledge and	belief.				

(505) 393-5905 TYPEOR PRINT NAME Erick W. Nelson