Submit 3 Copies to Appropriate District Office

State of New Mexico



Energy, Minerals and Natural Resources Department

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Form C-103 V Revised 1-1-89	ı

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.	
		30-015-26943 5. Indicate Type of Lease	
DISTRICT III		STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410		6. State Oil & Gas Lease No. E-7179	
SUNDRY NOTICES AND REPORTS ON WE (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEI DIFFERENT RESERVOIR. USE "APPLICATION FOR PI (FORM C-101) FOR SUCH PROPOSALS.)	N OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name	
1. Type of Well: OB. GAS WELL OTHER	APR 2 4 1992	CHALK BLUFF "6" STATE	
2. Name of Operator Mewbourne Oil Company	O. C. D.	8. Well No.	
3. Address of Operator	WHEN WHE	9. Pool name or Wildcat	
P. O. Box 7698, Tyler, Texas 75711		NORTH ILLINOIS CAMP MORRO	
4. Well Location Unit Letter M: 730 Feet From The West	1:4 99	0 Feet From The South Line	
Unit Letter : 730 Feet From The West	Line and	Feet From The SOUTH Line	
Section 6 Township 18S F		NMPM Eddy County	
<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	1635 GR		
11. Check Appropriate Box to Indicate		eport, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS	EMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
PULL OR ALTER CASING	CASING TEST AND CEMENT JOB		
OTHER:	OTHER: Perfo	rate and acidize	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, a work) SEE RULE 1103. 4/14/92 - Ran 2-3/8" tubing set at 9990". 16 points compression.			
4/15/92 - Perforated Lower Morrow 10,084' - 10,092'. 8' net, 1 SPF, 9 holes.			
4/16/92 - Acidized perfs with 2600 gals 7½% balls. MTP 3800#. Max TP 7600#. 10/64" choke. FTP 3000#.			
I hereby certify item the information above is true and complete to the best of my knowledge and Signature	abella. The Engr.Oprns.	Secretary DATE 4/22/92	
TYPE OR PRINT NAME //		TELEPHONE NO.	
(This space for State Use) ORIGINAL SIGNED BY MIKE WILLIAMS		MAY 2 5 1992	
APPROVED BY SUPERVISOR, DISTRICT IT CONDITIONS OF APPROVAL, BY ANY:	TLE	DATE	