Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form, C-16. Revised 1-1-89

DISTRICT I

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobb	s, NM 88240	P.O. Box 2088		30-015-27009		
DISTRICT II	Sar	Santa Fe, New Mexico 87504-2088		5 Indicate Type of Lease		
P.O. Drawer DD, Artesia, NM 88210				3. 1	STATE X FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil & Gas Lease E-1286	No.	
	SUNDRY NOTICES AND	REPORTS ON WE	LLS			
(DO NOT USE TH	IS FORM FOR PROPOSALS TO DIFFERENT RESERVOIR. USE (FORM C-101) FOR SI	7. Lease Name or Unit A	greement Name			
1. Type of Well: OIL WELL	GAS WELL X		## 12 m 1 m	Turkey Track	: "15" State	
2. Name of Operato	7	v 40	. 57 E QGG	8. Well No.		
Mewbourne Oil Company 3. Address of Operator				9. Pool name or Wildcat		
	5270 Hobbs, New Me	exico 88241	Constitution of the second	}	Morrow, North	
	E : 1980 Feet Fro	m The North	Line and990	Feet From The	West Line	
Section	75 Townshi	p 18S R 0. Elevation (Show whether		NMPM	Eddy County	
		3597' GR 360	9' KB			
11.	** *			Report, or Other Date		
N	OTICE OF INTENTION	ITO:	SUE	SSEQUENT REPO	ORT OF:	
PERFORM REMED	AL WORK PLUG	AND ABANDON	REMEDIAL WORK	ALTE	RING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG					S AND ABANDONMENT	
PULL OR ALTER C	ASING	_	CASING TEST AND C		w.	
OTHER:			OTHER: Set CIB	BP and Perforate	[X]	
12. Describe Propose work) SEE RUL	d or Completed Operations (Clearly E 1103.	state all pertinent details, a	ind give pertinent dates, incli	uding estimated date of starti	ng any proposed	
• •	perforations at 10,697'-10,714'.					
2/25/93 Perforate Middle Morrow from 10,484'-10,490'; 10,524'-10,532' and 10,539'-10,573' 48' total with 96 holes. Acidize with 5000 gallons 7 1/2% HCL containing 1000 SCF/bbl. nitrogen.						
3/01/93 Frac Middle Morrow with 54,000 gallons 65% CO ₂ foam & 40,000# 20/40 Interprop. test and evaluate.						
I hereby certify that the	e information soove is true and complete	to the best of my knowledge at			04/05/02	
SIGNATURE 4	Will. hls.	T	mæ <u>Engineer</u>	D	ATE 04/05/93	
TYPE OR PRINT NAME				т	ELEPHONE NO.	
(This space for State	ORIGINAL:SIGN MIKE,WILLIAMS SUPERVISOR, D	ISTRIC T II		_	MAY 1 4 1993	
APPROVED BY	See to the second of		TILE	D	ATE	
CONDITIONS OF APPT	OVAL, IF ANY:	P :				