1					••.	CIST .
Submit 3 Copies to Appropriate District Office		State of New Mexico Energy, Minerals and Natural Resources Department			Form C-103 Revised 1-1-89	
<u>DISTRICT I</u> P.O. Box 1980, Hob	bs, NM 88240		RVATIC	N DIVISION	WELL API NO.	22000
<u>DISTRICT II</u> P.O. Drawer DD, Ar	tesia, NM 88210		ew Mexic o	-87504 -2088	30-015-2 5. Indicate Type	of Lease
<u>DISTRICT III</u> 1000 Rio Brazos Rd	., Aziec, NM 87410	HAY I 1993			6. State Oil & Gas Lease No. E-1286	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)					7. Lease Name or Unit Agreement Name	
1. Type of Well: OL WELL X	GAS WELL	тто	ER		Turkey 1	Track "15" State
2. Name of Operator Mewbourne Oil Company					8. Well No.	
3. Address of Operator					9. Pool name or Wildcat	
P.O. Bo: 4. Well Location	x 5270 HODDS	, New Mexico	88241			Wildcat
Unit Letter	<u> </u>	Feet From The	North	Line and 99	0 Feet Fro	m The <u>West</u> Line
Section	15	Township 185		nge 28E	NMPM	Eddy County
			(Show whether 597' GR	<i>DF, RKB, RT, GR, etc.)</i> 3609' KB	-	
11.			o Indicate I	Nature of Notice, I	· •	
N		ENTION TO:		SU	BSEQUENT I	REPORT OF:
PERFORM REMEDIAL WORK						
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING						
PULL OR ALTER CASING CASING TEST AND C						
OTHER:			[]	OTHER: Set CI	BP and Perfo	x
work) SEE RUL	E 1103.			d give pertinent dates, incl	-	
	at 10,484'-1	0,573'				e Morrow perforations
04/02/93	Perforate Up Acidize with and evaluate	2500 gallone	om 10,260 7 1/2% H	'-10,273'. 13' CL containing	total with 1000 SCF/bbl	26 perforations. . nitrogen. Test
04/07/93	Set CIBP at at 10,260'-1	10,165' and ca 0,273'. Set 2	25 sx. Cl	5' cement to a ass "H" neat p Wolfcamp at 78	lug across P	Morrow perforations enn at 8764'. Set
04/08/93	Perforate Bo	ne Springs car	bonate f	rom 6418'-6428 acid. Test an	'. 10' tota	1 with 40 perforations
04/14/93	Acid frac Bo		oonate fr			gallon gelled 20%
I hereby certify that th	e infogration-above is true	and complete to the best of n	y knowledge and	belief.		
SIGNATURE	holest (Am	-	EE		April 28, 1993
TYPE OR PRINT NAME	Rob Jone	s				TELEPHONE NO. 393-5905
(This space for State U	MIKE.WIL	LISIGNED BY LUAMS SOR, DISTRICT II			<u></u>	MAY 1 4 1993
APPROVED BY	SUFERVI		m	£	· · · · · · ·	DATE

CONDITIONS OF APPROVAL, IF ANY: