

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

| | |
|------------------------------|--|
| WELL API NO. | 30-015-27285 |
| 5. Indicate Type of Lease | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. | E-7811 |

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|---|--|
| 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> | 7. Lease Name or Unit Agreement Name Cedar Breaks "2" State |
| 2. Name of Operator Mewbourne Oil Company | 8. Well No. 2 |
| 3. Address of Operator P.O. Box 5270 Hobbs, New Mexico 88241 | 9. Pool name or Wildcat Walters Lake : Bone Spring |
| 4. Well Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>2</u> Township <u>18S</u> Range <u>30E</u> NMPM Eddy County | |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | |

| | |
|---|--|
| 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: <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| | OTHER: Plug Back <input checked="" 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.

1/12/95 Set 5-1/2" CIBP @ 10,420'. Dump 35' cement on plug. Tested to 1,000#.
Perforate First Bone Spring Sand from 6805' - 6974' with 1 SPF and 93 holes.

1/13/95 Acidized formation with 5,000 gal. 7 1/2% HCL.

1/14/95 Fraced formation with 128,000 gal. gel carrying 280,000# 20/40 sand.

1/21/95 Put on rod pump. Restored well to production.

RECEIVED

JUL 26 1995

OIL CON. DIV.
DIST. 2

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

SIGNATURE Kelly Ryan TITLE District Manager DATE July 18, 1995
TYPE OR PRINT NAME Kelly Ryan TELEPHONE NO. (505) 393-5905

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUL 28 1995

CONDITIONS OF APPROVAL, IF ANY:

