

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OIL CONS COMMISSION  
FORM APPROVED  
Order No. 1004-0135  
Artelia, N.M. (March 31, 1993)

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

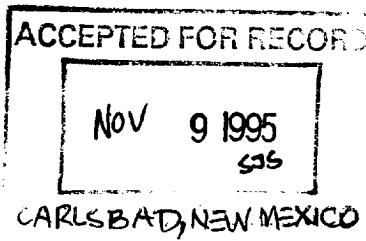
SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-27279
2. Name of Operator Mewbourne Oil Company	6. If Indian, Aborigine or Tribe Name
3. Address and Telephone No. P.O. Box 5270 Hobbs, New Mexico 88241 (505) 393-5905	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 510' FWL & 1980' FNL Sec. 29-T18S-R30E	8. Well Name and No. Santo Nino "29" Fed. #1
	9. API Well No. 30-015-28139
	10. Field and Pool, or Exploratory Area Santo Nino Bone Spring
	11. County or Parish, State Eddy County, N.M.

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Interest	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Pull Bridge Plug</u>	<input type="checkbox"/> Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

09/21/95 Clean sand to bridge plug at 7900'. Remove bridge plug.  
09/22/95 Clean out sand to 8371'. TIH with production string.  
09/23/95 Run pump and rods. Resume production.



14. I hereby certify that the foregoing is true and correct

Signed [Signature] Title Engineer Date 09/28/95

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval, if any

Penalty for False Statements: Whoever makes or causes to be made any false, fictitious or fraudulent statements or representations in or to any department or agency of the United States shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both.