

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION  
Drawer DD  
Artesia, NM 88210 *45F*

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: 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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Mewbourne Oil Company

3. Address and Telephone No.

P.O. Box 5270 Hobbs, New Mexico 88240 (505) 393-5905

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FEL & 660' FSL  
Sec. 19-T18S-R30E

Unit Letter "O"

5. Lease Designation and Serial No.

NM-28097

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Santo Nino "19" Fed. #2

9. API Well No.

30-015-28329 #1

10. Field and Pool, or Exploratory Area

Santo Nino Bone Spring

11. County or Parish, State

Eddy Co., New Mexico

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other Well Name Change

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report (see Form 3160-5).)

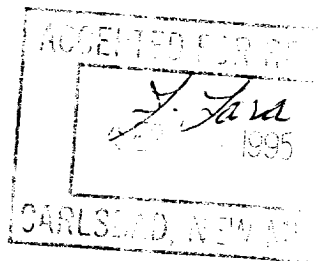
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and ending work, and give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

New well name: Santo Nino "19" Federal #1

Location has not been moved, only change is the name. (See attached plat)

OCT 03 1995

OIL CON. DIV.  
DIST. 2



AUG 29 10 42 AM '95

RECEIVED

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

Signed

*Bill Prince*

Title Drilling Superintendent

Date 8/24/95

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

Post IP-3  
10-27-95

why well name

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Form C-102  
Revised February 10, 1994  
Instructions on back  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-28328		Pool Code 54600	Pool Name Santo Nino Bone Spring
Property Code 16524	Property Name SANTO NINO "19" FEDERAL		Well Number 1
OGRID No. 14744	Operator Name MEWBOURNE OIL COMPANY		Elevation 3481

10 Surface Location

UL or lot no. 0	Section 19	Township 18S	Range 30E	Lot Idn	Feet from the 660	North/South Line SOUTH	Feet from the 1980	East/West Line EAST	County EDDY
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11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
Dedicated Acres 80		Joint or Infill N	Consolidation Code		Order No.				

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16					<p>17 OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief</p> <p><i>Bill Pierce</i> Signature Bill Pierce Printed Name Drilling Superintendent Title August 24, 1995 Date</p> <p>18 SURVEYOR CERTIFICATION</p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>11/28/94 Date of Survey Signature and Seal of Professional Surveyor HERSCHEL L JONES 3640 Certificate Number</p>