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	•	- Andrew States	an 7 <i>M</i> /
Farm 3160- (June 1990)) DEPARTMEN	TED STATES	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993
		LAND MANAGEMENT	5. Lease Designation and Serial No. NM 83066
Do not u			
		R PERMIT-" for such proposals	7. If Unit or CA, Agreement Designation
1. Type of V			
Oil Gas Well Well Other 2. Name of Operator			8. Well Name and No. 26130 Vandagriff 34 Federal #1
Mewbourne Oil Company 14744 3. Address and Telephone No.			9 API Well No.
PO Box 5270 Hobbs, NM 88241 505-393-5905 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			30-015-37213 10. Field and Pool, or Exploratory Area
Present stake @ 660' FS & WL			SE Crow Flats, Morrow 11. County or Parish, State
Had to r	move to 1060' FSL & 660' FWL Sec.3	34 T-165 R-28E Uhit M	Eddy, NM
12.	2. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
	TYPE OF SUBMISSION	TYPE OF ACTION	
	Notice of Intent	Abandonment	Change of Plans New Construction
	X Subsequent Report	Plugging Back	Non-Routine Fracturing
	Final Abandonment Notice	Altering Casing	Water Shut-Off Conversion to Injection
		Other Move stake for Archaeology	Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
Origi After fiel On 5/26	nal well was staked @ 660' FSL & 66 Id Arch survey, Mewbourne Oil Comp	any was told that this location would be unexceptable. ert West Archaeological Services & West Engineering st 34 T-16S R-28E.	taked & surveyed an exceptable
		19131.	0CD RECEIVED ARTESIA NILLIOL 68 L95NU
14. I hereby o	certify that the foregoing is true and correct		aliter al construction de la constru
Signed ////////////////////////////////////			Date 06/02/00
Approved by Conditions o		Title Lands And Minerals	Date 700 2 6 2000
Title 18 U.S.C statements or	C. Section 1001, makes it a crime for any person representations as to any matter within its jurisd	knowingly and willfully to make to any department or agency of the Unite	ed States any false, fictitious or fraudulent
*See Instruction on Reverse Side			

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