

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. vision  
811 S. 1st Street  
Artesia, NM 88210-2834

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

5. Lease Designation and Serial No.

NM 83066

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

*Crow Flats 34 Fed #1*

8. Well Name and No.

*Vandagriff 34 Federal #1*

9. API Well No.

*50-015-31213*

10. Field and Pool, or Exploratory Area

*SE Crow Flats, Morrow*

11. County or Parish, State

*Eddy, NM*

**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.

*PO Box 5270 Hobbs, NM 88241 505-393-5905*

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

*Present stake @ 660' FS & WL*

*Had to move to 1060' FSL & 660' FWL Sec.34 T-16S R-28E*



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

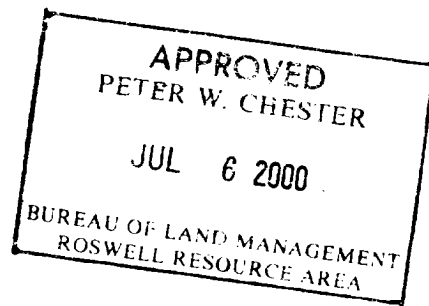
TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other *Change Name of well.*  
☐ 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 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.)

*Mewbourne Oil Company request the name of the Vandagriff 34 Federal #1 (1060' FSL & 660' FWL Sec.34 T-16S R-28E) Eddy County, New Mexico, changed to the Crow Flats 34 Federal #1.*



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

Signed *[Signature]*  
(This space for Federal or State office use)

Title *District Manager NM Young*

Date *06/27/00*

Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title

Date