

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

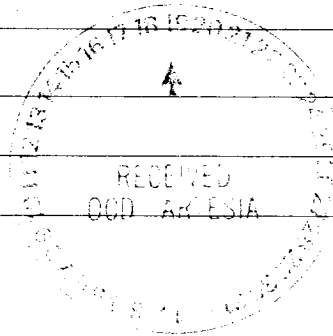
SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Mewbourne Oil Company

3. Address and Telephone No.
PO Box 5270, Hobbs, New Mexico 88241. 505-393-5905

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
**1650' FSL & 990' FEL
Sec.35 T-18S R-29E**



5. Lease Designation and Serial No.
NM 010907A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Sand Dunes 35 Federal Com #1

9. API Well No.
30-015-31395

10. Field and Pool, or Exploratory Area
N. Turkey Track Morrow

11. County or Parish, State
Eddy, NM

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

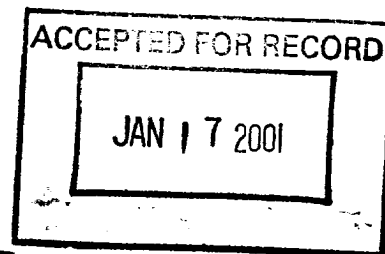
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> 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 BOP test	<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.)*

12-26-00...POOH. Test BOP equipment. Chart enclosed. All equipment passed test.

(ORIG. SGD.) GARY GOURLEY



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

Signed Gary Gourley Title **NM Young District Manager** Date **01/04/01**

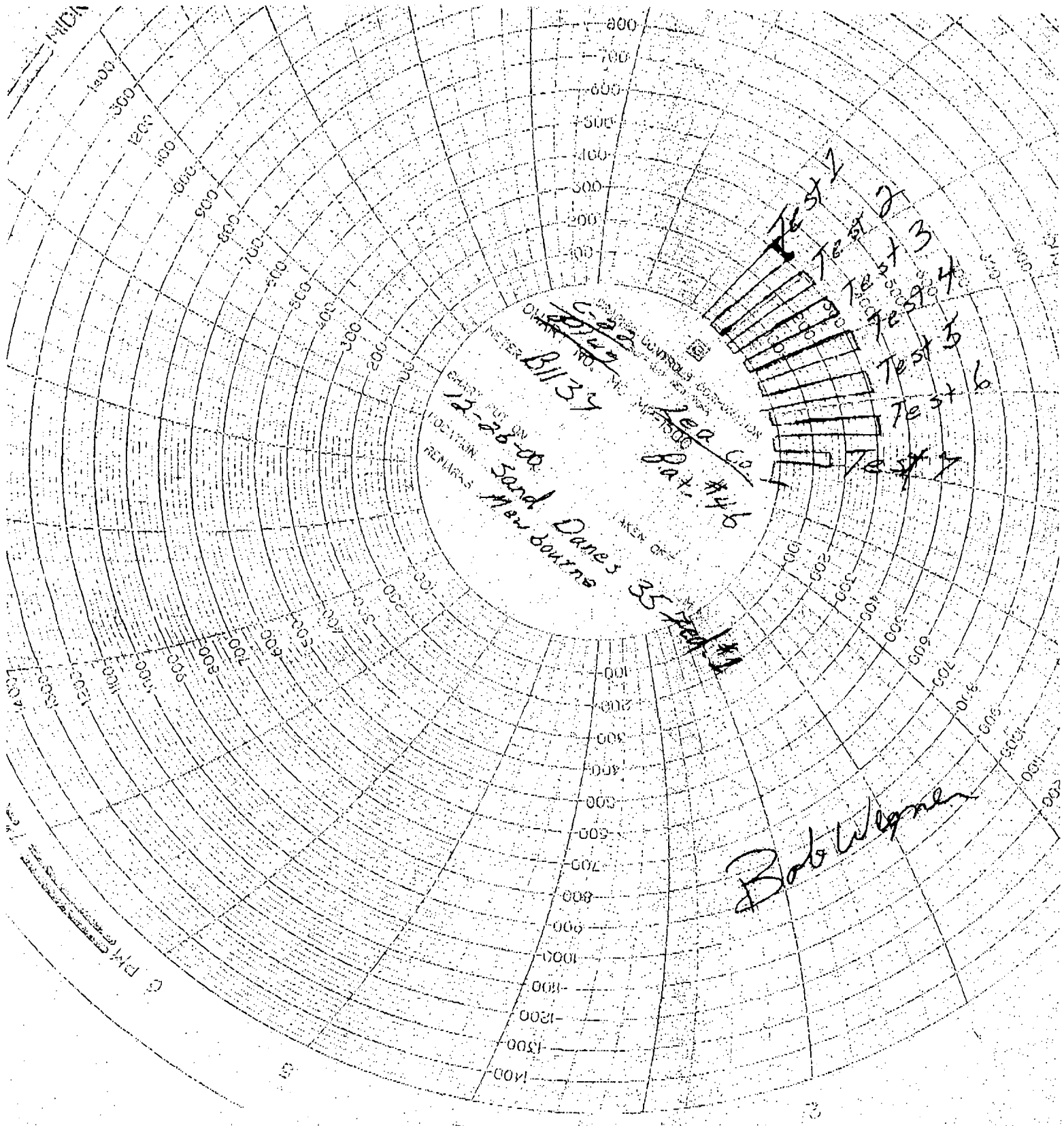
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

RECEIVED

JAN 08 2001

BLM
ROSWELL, NM



Bob Wagner

RECEIVED

JAN 08 2021

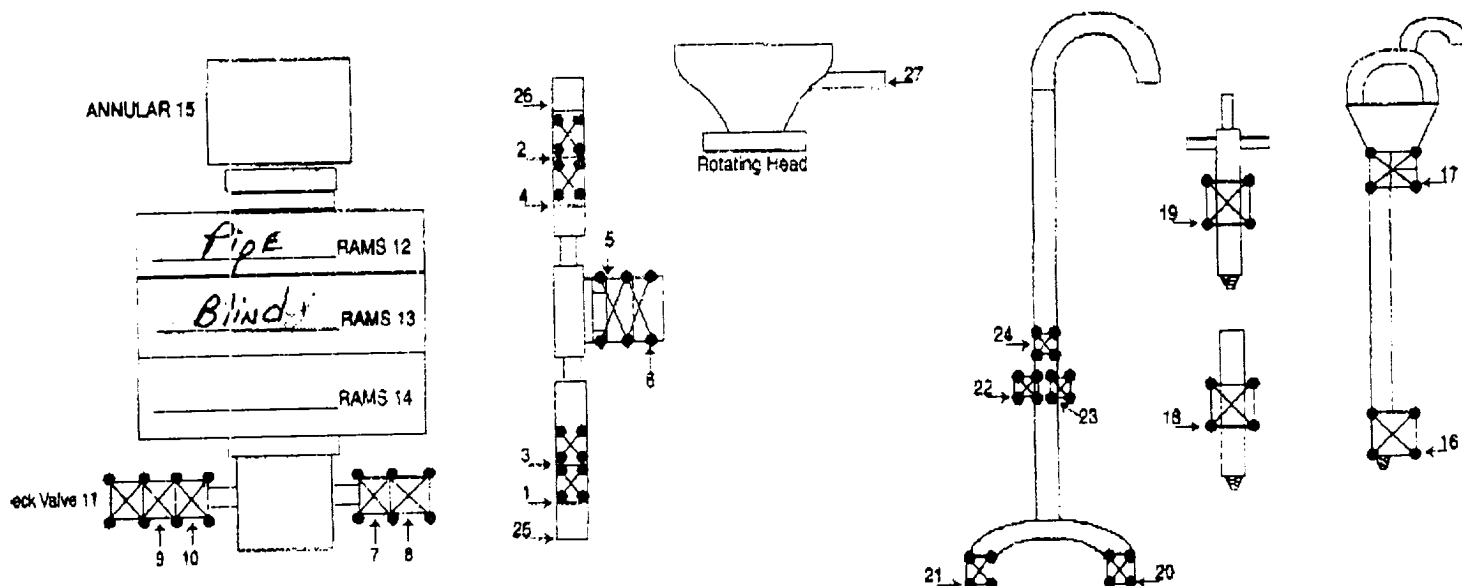
BLM
ROSWELL, NM

MAN WELDING SERVICE

(505) 396-4540

INVOICE NO. _____

Company Mewbourne Oil Co. Date 12-26-00 Start Time 6:00 ☒ am ☐ pm
 Lease Sand Dunes 35 Fed. Comth 1 County Eddy State NM
 Company Man Terry Bunker
 Wellhead Vender National
 Drig. Contractor Patterson Rig # 46 Rig # _____
 Tool Pusher Bob Wegner
 Plug Type C 22 Plug Size 11" Drill Pipe Size 4 1/2 KH
 Casing Valve Operied Yes Check Valve Open Yes



TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1	1, 2, 5, 9, 13	15 MIN.		3000	Had to Change out Pipe
2	3, 4, 5, 10, 13	15 MIN.		3000	Ram Rubbers c.r.s.
3	18			3000	
4	16			3000	
5	17			3000	
6	8, 11, 12			3000	
7	7, 10, 15	15 MIN.		1500	

RECEIVED

JAN 08 2001

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ROSWELL, NM