State of New Mexico linerals and Natural Resources Department

DISTRICT I

OIL CONSERVATION DIVISION

191	Form C-10 Revised 1-

DISTRICT II	2040 Pacheco St. Santa Fe, NM 87	505	30-015-32009		
O. Drawer DD, Artesia, NM 88210			sIndicate Type of Lease		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			₅State Oil & Gas Leas E-1821	STATE X	FEE
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7Lease Name or Unit Agreement Name Illinois Camp 17 State Com		
Type of Well: OIL GAS WELL WELL	OTHER				
₂Name of Operator Mewbourne Oil Company			₅Weli No. 3		
3Address of Operator PO Box 5270, Hobbs, New Mexico 88241			₀Pool name or Wildcat Illinois Camp Morror, North		
4Well Location Unit LetterM :870	Feet From The South	Line and 660	Feet From The	West	Line
Section 17		lange 28E	NMPM	Eddy	County
	₁₀Elevation (Show whether DF, F 3607' GL	RKB, RT, GR, etc.)			
11 Check Ap	opropriate Box to Indicate Na	ture of Notice, Rep	oort, or Other D)ata	
NOTICE OF INTENTION TO: SUBS			SEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASI	NG
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OF	PNS.	PLUG AND ANBA	NDONMENT
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB			
OTHER:		OTHER:			
12Describe Proposed or Completed Operation work) SEE RULE 1103.	s (Clearly state all pertinent details, and give	pertinent dates, including es	timated date of starting	any proposed	
10/15/01Spud well. TD'ed 17 1/2 Mixed @ 12.4 #/g & 2.0 Tested csg to 1000 psi.	" hole @ 410'. Ran 410' 13 3/8" 48# yd. Tailed w/ 200 sks C w/ 2% CaCl OK. Drilled 12 1/4" hole.	# H-40 csg. Cemented v l2. Mixed @ 14.8 #/g &	w/ 160 sks BJ Lite/ 1.34 yd. Circl 43 s	C w/ additives. ks to pit. WOC	18 hrs.
Mixed @ 12.4 #/g & 2.09	410'. Ran 4410' 40# J-55 & N-80 csg 9 yd. Tailed w/ 200 sks C w/ 2% Ca0 600 psi. OK. Drilled 8 3/4" hole.				°C 18 hrs.
,	,	24 S.	128293037 A 107 0011 RECEIVED 000 - ARTESIA	23A5676	
I hereby certify that the information above is	true and complete to the best of my knowledge	ge and belief.	OOD ANTESTE	o /	
SIGNATURE W. FILL	ТІТІ	LE District Manager		DATE 10-29	-01
TYPE OR PRINT NAME N.M. Young				TELEPHONE NO. 50)5-393-5905
(This space for State Use)	Sim W. Sum	SUPE	RVISOR, DISTRIC	T II	V 05 2021
APPROVED BY	IN W. SHITT	LE		DATE	A A A SEE

CONDITIONS OF APPROVAL, IF ANY: