

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Div-Dist. 2

1301 W. Central  
Artesia, NM 88201

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

C/S

**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 14744

3. Address and Telephone No.

PO Box 5270, Hobbs, N.M. 88241. 505-393-5905

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

800' FNL & 1960' FWL Unit Letter C of Sec.8 T-18S R-31E

5. Lease Designation and Serial No.

NMNM-33437

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Fren 8 Federal #5

9. API Well No.

30-015-32349

10. Field and Pool, or Exploratory Area

North Shugart Atoka

11. County or Parish, State

Eddy Co., N.M.

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

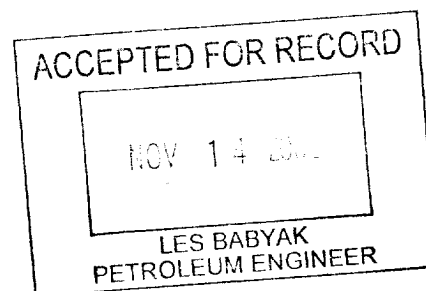
- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other BOP test

- ☐ 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.)\*

10-30-02...7523'. POOH & test BOP equipment with 3rd party testers as required.  
All equipment passed. Continue drilling operations.  
Copy of chart & schematic enclosed.



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

Signed [Signature] Title N.M. Young District Manager Date 11/12/02

(This space for Federal or State office use)

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

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.

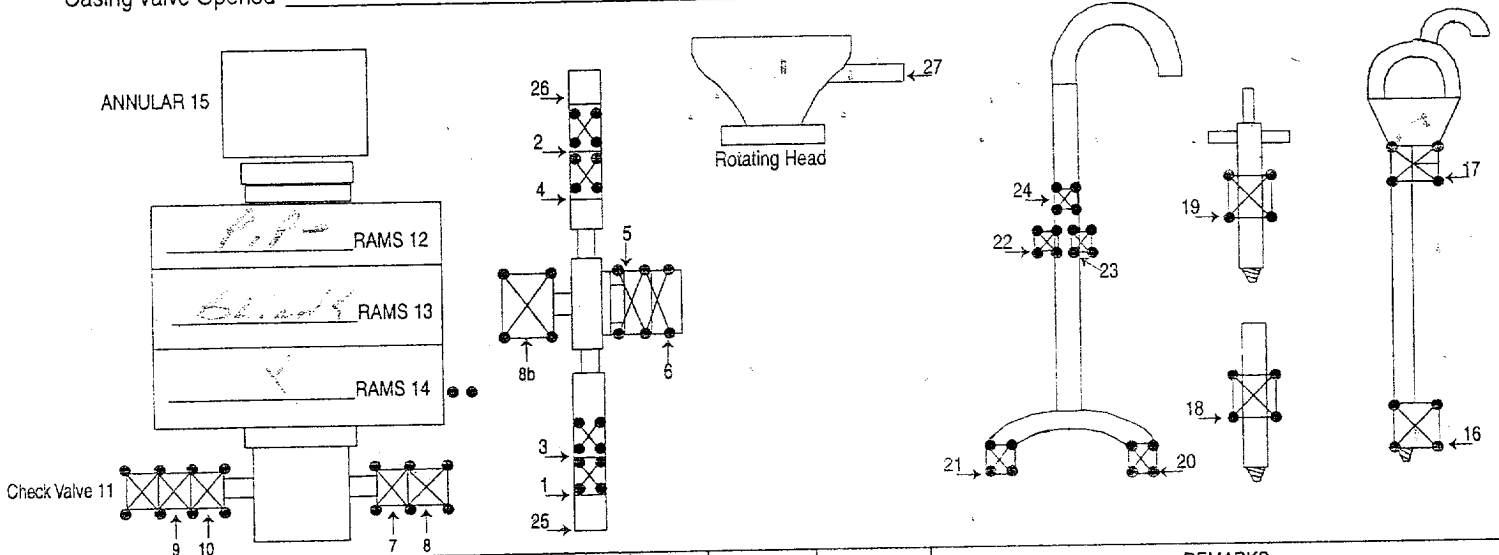
\*See Instruction on Reverse Side

# MAN WELDING SERVICE

(505) 396-4540

INVOICE NO. \_\_\_\_\_

Company New Borne O.L. Co. Date 10-30-02 Start Time 7:00 ☒ am ☐ pm  
 Lease FREN "8" Fed. Com. #5 County Eddy State N.M.  
 Company Man \_\_\_\_\_  
 Wellhead Vender \_\_\_\_\_ Tester FRANK CALDWELL  
 Drig. Contractor \_\_\_\_\_ Rig # 41  
 Tool Pusher \_\_\_\_\_  
 Plug Type C-22 Plug Size 11" Drill Pipe Size 4 1/2" x 11'  
 Casing Valve Opened \_\_\_\_\_ Check Valve Open \_\_\_\_\_



TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1	12, 9, 5, 25, 26	10		3,000	
2	13, 10, 5, 4, 2	10		3,000	
3	13, 11, 5, 3, 4	10		3,000	
4	12, 11, 8	10		3,000	
5	12, 11, 7	10		3,000	
6	15, 11, 7	10		3,000	
7	18	10		3,000	
8	16	10		3,000	
9	17	10		3,000	

8 HR@ 85.00 680  
 \_\_\_\_\_ HR@ \_\_\_\_\_  
 Mileage \_\_\_\_\_ @ \_\_\_\_\_

SUB TOTAL 680.00  
 TAX 35.70  
 TOTAL 715.70

6 AM

7

8

9

7

8

GRAPHIC CONTROL CORPORATION  
BUFFALO, NEW YORK

*New Borne*  
CHART NO. *MP-10000*  
*Patterson #41*

METER

*Eddy*

*N.M.*

CHART PUT ON

*10-30-02*

LOCATION

*FRAN "8" Fed. Cons #5*

REMARKS

*Frank*

TAKEN OFF

*10-31-02*

RECEIVED  
OCD ARTESIA

NOV 1 2002

