

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

NOV 2

O. C. D.

WELL API NO.

30-015-27049

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

648

7. Lease Name or Unit Agreement Name

Angell Ranch "26" State

8. Well No.

1

9. Pool name or Wildcat

Angell Ranch Atoka (Morrow)

Gas

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

Mewbourne Oil Company

3. Address of Operator

P.O. Box 5270 Hobbs, New Mexico 88241

4. Well Location

Unit Letter A : 990 Feet From The North Line and 990 Feet From The East Line

Section 26

Township 19S

Range 27E

NMPM

Eddy

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3506' GR

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☒

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

08/20/92

Set 8-5/8", 24#, J-55, ST&C Intermediate casing @ 2200' KB. Cemented with 995 sacks of Class Lite + additives followed by 200 sacks Class "C" Neet containing 3% CaCl2. Circulated 80 sacks to pit. WOC 12 hrs. Tested BOP & casing to 1,000# for 30 min., held ok.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Bill Pierce TITLE Drilling Superintendent DATE 10/29/92

TYPE OR PRINT NAME Bill Pierce TELEPHONE NO. (505) 393-5905

(This space for State Use) ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT #

APPROVED BY _____ TITLE _____ DATE NOV 16 1992

CONDITIONS OF APPROVAL, IF ANY: