

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil
811 S. 1st
Artesia, NM

Division

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

CISP

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.

P. O. Box 5270, Hobbs, NM 88241 (505) 393-5905

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

660' FNL & 1980' FWL of Section 18, T21S, R27E

5. Lease Designation and Serial No.

NM-0560291

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Federal OO #2

9. API Well No.

30-015-21433

10. Field and Pool, or Exploratory Area

Carlsbad Delaware

11. County or Parish, State

Eddy

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

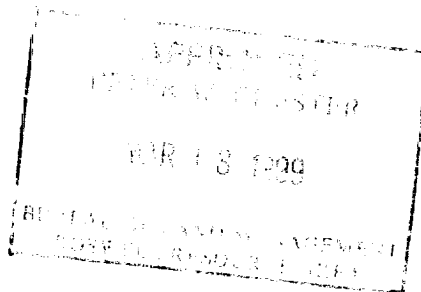
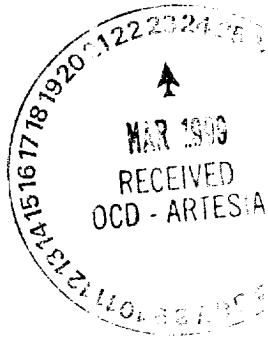
TYPE OF ACTION

- ☐ Abandonment
☒ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other _____
- ☐ Change 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.)

- 1) Abandon Strawn perforations 10,024-030' by setting a cast iron bridge plug at 10,000' and dumping 20' of cement on top.
- 2) Test Canyon Formation by adding perforations 9844-64'.
- 3) Acidize Canyon perforations and test to evaluate.



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

Signed *Jerry Edgin*
(This space for Federal or State office use)

Title District Manager

Date 03/10/99

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

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