

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other Instructions on reverse slide

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

2. Name of Operator  
**Mewbourne Oil Company**

3a. Address  
**P. O. Box 5270, Hobbs, NM 88211**

3b. Phone No. (include area code)  
**(505) 393-5905**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**1980' FNL & 660' FWL of Sec. 8, T20S-R28E, NMPM,  
Eddy County, NM**

FORM APPROVED  
OMB No. 1004-0135  
Expires July 31, 1996

5. Lease Serial No.  
**NM-83584**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.  
**Federal "V" #3**

9. API Well No.  
**30-015-26867**

10. Field and Pool, or Exploratory Area  
**Delaware**

11. County or Parish, State  
**Eddy County, New Mexico**

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input checked="" type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Mewbourne Oil Company requests approval for the Federal "V" #3 to maintain Temporary Abandonment status granted 9/15/94. The Federal "V" #3 was drilled in November 1991. The last cementing activity prior to requested Temporary Abandonment Status raised cement to 590' from squeezed perfs at 2792-93' with the pumping of 650 sxs cement. The limited amount of unexposed production casing should not require a casing integrity test at this time. Maintaining Temporary Abandonment status of the Federal "V" #3 as a potential salt water disposal well is requested.

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

**Gaylon Thompson**

Signature

Title

**Engineering Operations Assistant**

Date

**6/12/98**

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

**PETROLEUM ENGINEER**

Date

**AUG 12 1998**

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

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.

(Instructions on reverse)

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

2040 Pacheco St., Oil Cons. Division  
Santa Fe, NM 87505  
11 S. 1st Street  
Artesia, NM 88210-2834

WELL API NO. 015-26867
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. NM-83584
Lease Name or Unit Agreement Name Federal "V"
Well No. 3
Pool name or Wildcat Delaware

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)	
Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>	
Name of Operator Mewbourne Oil Company	
Address of Operator P. O. Box 5270, Hobbs, NM 88241	
Well Location Unit Letter E 1980 Feet From The North Line and 660 Feet From The West Line 8 Section 20S Township 28E Range NMPM Eddy County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3295 GR	

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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 ANBANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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.

Production casing cemented to 590'.

7/16/98: Set CIBP at 2698'.

7/17/98: Tested casing to 500 psi for 30 minutes.

Request continuation of temporarily abandoned status.

*Wang Form*

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

SIGNATURE Michael V. Miller TITLE Foreman

DATE 07-18-98

TYPE OR PRINT NAME Michael Miller

TELEPHONE NO. 505-393-5905

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

