

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

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

DISTRICT III
1030 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-015-32061
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. V 232-1
Lease Name or Unit Agreement Name Esperanza 23 State Com
Well No. 1
Pool name or Wildcat Burton Flats Morrow

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.)	
Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	CONFIDENTIAL
Name of Operator Mewbourne Oil Company	
Address of Operator PO Box 5270, Hobbs, New Mexico	
Well Location Unit Letter F 2500 Feet From The North Line and 1700 Feet From The West Line Section 23 Township 21S Range 27E NMPM Eddy County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3239' GL.	

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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: Test lower Morrow & plug back to upper Morrow ☒

1. 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.

01/09/02...Perforated Morrow @ 11784-11794'. 4 spf. Total of 26-.21" EHD perfs. Acidized w/ 1500 gals 7 1/2% HCL w/ N2. Swab test.

01/12/02...Set CIBP @ 11741'. Dump 30' cement on plug. New PBTD @ 11711'.

01/13/02...Perforate Morrow @ 11490-11508'. 2 spf. 37-.21" EHD perfs. Swab test well.

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

SIGNATURE

TITLE District Manager

DATE 02-25-02

TYPE OR PRINT NAME N.M. Young

TELEPHONE NO. 505-393-5905

(This space for State Use)

APPROVED BY

TITLE

SUPERVISOR, DISTRICT II

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR - 6 2002