N.M. Oil Cons. Division 811 S. 1st Street Artocia NIM 88210-2834

	UNITED STATES EPARTMENT OF THE II BUREAU OF LAND MANA	NTERIOR	li lesia, i	AIAI OOS I C	5. Lease Ser	OMB No. 1004-0135 Expires July 31, 1996	
SUNDRY NOTICES AND REPORTS ON WELLS						89051	
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.					6. If Indian, Allottee or Tribe Name		
abandones iro		,,				N/A	
SUBMIT IN TR	IPLICATE - Other instru	ictions on re	everse side		7. If Unit or	r CA/Agreement, Nar	ne and/or No.
1. Type of Well					N/A		
Oil Well Gas Well Other					8. Well Name and No.		
2. Name of Operator Mitchell Energy Company L.P.					9. API Well	e 13 Federa: 1 No.	<u>L #1</u>
3a. Address P. O. Box 4000 3b. Phone No.			o. (include area	include area code) 30 015 27434			
				377-5855 10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					Los Medanos, N. (Wolf Camp) 11. County or Parish, State		
1330' FNL & 330' FEL OF SEC. 13, T22S, R30E (UNIT LTR H)					Eddy County, New Mexico		
12. CHECK AP	PROPRIATE BOX(ES) TO	O INDICATE	NATURE C	F NOTICE, R	EPORT, OR	ROTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION						
	☐ Acidize	Deepen Deepen		Production (Start	/Resume)	☐ Water Shut-Of	f
Notice of Intent	Alter Casing	☐ Fracture T	reat 🔲	Reclamation		☐ Well Integrity	
Subsequent Report	Casing Repair	New Cons	truction 📮	Recomplete			erator
Final Abandonment Notice	Change Plans	Plug and A		Temporarily Ab	andon	Name Cha	inge
Thial Abandonment (voice	Convert to Injection	Plug Back		Water Disposal			
following completion of the intesting has been completed. F determined that the site is ready Sundry Notic Mitchell Ene	ce filed to reflect	that eff	ective January	anuary 1, :	amation, have	been completed, and	
All BLM reco	ords should be chan	130 to re	flect the	e new oper	ator nam	ÖVED	
	27.728.25.30.31	, F	7077 P. 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	BUREAU ROS	JUL 3 LINDA A. AS OF LAND A SWELL FIELD	2001 SKWIG MANAGEMENT D-OFFICE	
14. I hereby certify that the foregon Name (Printed/Typed)	ing is true and correct	S 27	Title		£_: %_	-1a+	_1
Signature \wedge	eorge Mullen		Date	r. Reg. Af	Lairs An	aryst	
Jugaran Jugar	ge Mulle			03-08-01			
	THIS SPACE	FOR FEDER	AL OR STAT	TE OFFICE US	E		<u></u>
Approved by			Title			Date	
Conditions of approval, if any, ar	e attached. Approval of this not	ice does not was	rant or Office	:			

which would entitle the applicant to conduct operations thereon.