

CISP
Op

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.
Santa Fe, NM 87505

WELL API NO. 30-015-31339
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. L-4501
Lease Name or Unit Agreement Name Baldrige Canyon 7 St Com
Well No. 1
Pool name or Wildcat Baldrige Canyon CANYON Mosley Strawn

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	
Name of Operator Mewbourne Oil Company	
Address of Operator PO Box 5270, Hobbs, New Mexico	
Well Location Unit Letter <u>A</u> : <u>1310</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>7</u> Township <u>24S</u> Range <u>25E</u> NMPM <u>Eddy</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 4045 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 Strawn Perforations ☒

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.

02-02-01...Load tbg w/ 2% KCl. Unset pkr & POOH. RU WL & GIH w/ CIBP #1. Set plug @ 11050'. GIH w/ CIBP #2. Set @ 10850'.
Dump 35' of cement. New PBTD @ 10815'.
Perforate Strawn @ 9618-9744'. GIH W/ Tbg & Pkr.
Acidize w/ 5000 gals 15% NEFE & balls.
02-04-01...Swab test & put on production.

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

SIGNATURE N.M. Young TITLE District Manager DATE 02-28-01

TYPE OR PRINT NAME N.M. Young TELEPHONE NO. 505-393-5905

(This space for State Use)

APPROVED BY Record TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: