Submit 3 Copies to Appropriate District Office

State of New Mexico Er. _y, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

CISP	
V	

<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION 2040 Pacheco St.	WELL API NO.					
DISTRICT II Santa Fe, NM 87505 P.O. Drawer DD, Artesia, NM 88210			30-015-31354				
			sIndicate Type of Lea	STATE	FEE X		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6State Oil & Gas Leas		1,2223		
SUNDRY NOTI	CES AND REPORTS ON WEI	LS					
(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.)			⁷ Lease Name or Unit Agreement Name Ranch Hand 5 Fee				
₁Type of Well: OIL GAS WELL WELL	OTHER						
² Name of Operator Mewbourne Oil Company			sWell No. 1				
³ Address of Operator PO Box 5270, Hobbs, New Mexico 88241			Pool name or Wildcat South Carlsbad Morrow				
4Well Location Unit LetterL :1980	Feet From The South	660	•				
Onit Letter :	reet From The South	Line and660	Feet From The	West	Line		
Section 5		Range 27E	NMPM	Eddy	County		
	¹⁰ Elevation (<i>Show whether DF</i> , 3177 GL	RKB, RT, GR, etc.)					
11 Check Ap	propriate Box to Indicate Na	ature of Notice, Rep	oort, or Other D)ata			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:							
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASI	NG		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OF	PNS.	PLUG AND ANBA			
PULL OR ALTER CASING		CASING TEST AND CEME	<u></u>				
OTHER:		OTHER: Spud & surfa					
12Describe Proposed or Completed Operations work) SEE RULE 1103.	(Clearly state all pertinent details, and give	pertinent dates, including es	timated date of starting	any proposed			
12/21/00Spud 17 1/2" hole @ 11: 'C' w/ additives. Mixed @ to pit. WOC 18 hrs. Test	12.4 #/g & 2.01 yd. I ailed w/ 200	'. Ran 517' 13 3/8" 48# sks 'C' w/ 2% CaCl2. M	H-40 csg. Cement lixed @ 14.8 #/g &	ted w/ 250 sks i 1.34 yd. Circl 4	3J Lite 5 sks		
I hereby certify that the information above is tr	ue and complete to the best of my knowled	ge and belief.					
SIGNATURE AMAIL		LE District Manager		DATE 12-26-	-00		
TYPE OR PRINT NAME M.M. Young				TELEPHONE NO. 50			
(This space for State Use) ORIGINAL SISTRIC	AL SIGNED BY TIM W. GUM) HAL	9 2981		
APPROVED BY		LE		DATE			

CONDITIONS OF APPROVAL, IF ANY: