

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
NMNM-14473

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

West Loving 11 Federal Com #1

9. API Well No.

30-015-32499

10. Field and Pool, or Exploratory Area

Black River Morrow

11. County or Parish, State

Eddy Co., N.M.

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Mewbourne Oil Company 14744

3. Address and Telephone No.

PO Box 5270, Hobbs, N.M. 88241. 505-393-5905

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FNL & 660' FEL Unit Letter A of Sec.11 T-24S R-27E

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Test BOP & Equipment

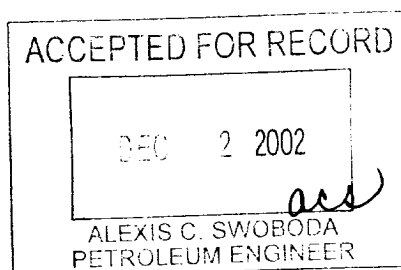
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

11-25-02...8890'. Trip out of hole for bit & BOP equipment test with 3rd party as required.
All equipment passed. Continue drilling operations.
Copy of chart & schematic enclosed.

If any questions, please call.
Thank you.



14. I hereby certify that the foregoing is true and correct

Signed

Title N.M. Young District Manager

Date 11/26/02

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

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.

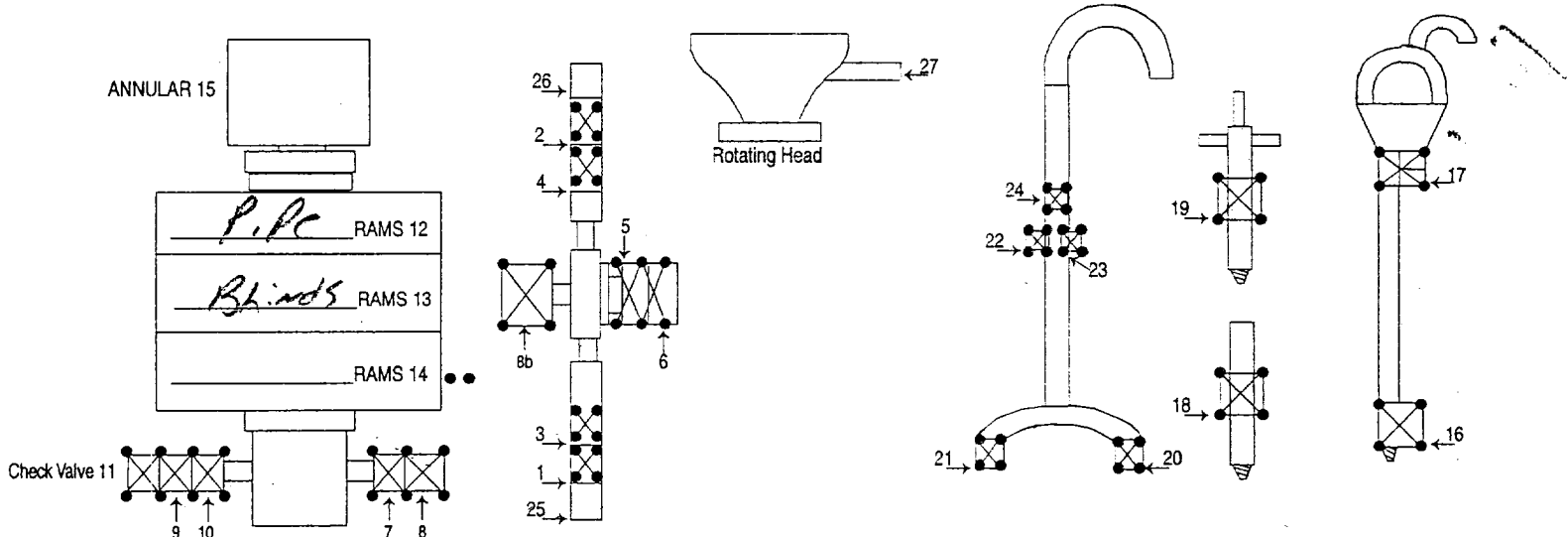
*See Instruction on Reverse Side

MAN WELDING SERVICE

(505) 396-4540

INVOICE NO _____

Company New Borne Date 11-25-02 Start Time 8 ☒ am ☐ pm
 Lease West Loring 11" Fed. Com. #1 County Eddy State N.M.
 Company Man _____
 Wellhead Vender _____ Tester FRANK CALDWELL
 Drig. Contractor PATTERSON Rig # 47
 Tool Pusher _____
 Plug Type CIW Plug Size 11" Drill Pipe Size 4 1/2 X 4
 Casing Valve Opened ✓ Check Valve Open ✓



TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1	13, 9, 6, 25, 26	5/10	300	5,000	Bottom Flange on spacer
2	13, 10, 5, 1, 2	5/10	300	5,000	Spool Leaking, Tightened OK
3	13, 11, 5, 3, 4	5/10	300	5,000	
4	12, 11, 8	5/10	300	5,000	P.P.C. RAMS 12 & 13. Worked RAMS - OK
5	12, 11, 7	5/10	300	5,000	
6	15, 11, 7	5/10	300	2500	
7	18	5/10	300	5,000	
8	16	5/10	300	5,000	
9	17	5/10	300	5,000	

8 HR@ 85.00 680.00
 _____ HR@ _____
 Mileage _____ @ _____

Frank Caldwell

SUB TOTAL 680.00
 TAX 35.70
 TOTAL 715.70

11-05-02

New Borne West Loring 11" Fed Con #1
PA Herson #47
Accumulator Function Test

TO CHECK THE USABLE FLUID STORED IN THE NITROGEN BOTTLES ON THE
ACCUMULATOR (O.S.O. #2 section III.A.2.c.i. or ii or iii)

1. Make sure all rams and annular are open and if applicable HCR is closed.
2. Ensure accumulator is pumped up to working pressure! (Shut off all pumps)
3. Open HCR Valve. (If applicable)
4. Close annular.
5. Close all pipe rams.
6. Open one set of the pipe rams to simulate closing the blind ram.
7. If you have a 3 ram stack open the annular to achieve the 50±% safety factor for 5M and greater systems).
8. Accumulator pressure should be 200 psi over desired precharge pressure, (Accumulator working pressure {1500 psi = 750 desired psi} {2000 and 3000 psi = 1000 desired psi}).
9. Record the remaining pressure 1300 psi.
If annular is closed, open it at this time and close HCR.

TO CHECK THE CAPACITY OF THE ACCUMULATOR PUMPS (O.S.O. #2 section III.A.2.f.)

Shut the accumulator bottles or spherical, (isolate them from the pumps & manifold) open the bleed off valve to the tank, (manifold psi should go to 0 psi) close bleed valve.

1. Open the HCR valve, (if applicable).
2. Close annular.
3. With pumps only, time how long it takes to regain manifold pressure to 200 psi over desired 2:00 precharge pressure! (Accumulator working pressure {1500 psi = 750 desired psi} {2000 and 3000 psi = 1000 desired psi}).
4. Record elapsed time 19 Sec. (2 minutes or less)

TO CHECK THE PRECHARGE ON BOTTLES OR SPHERICAL (O.S.O. #2 section III.A.2.d.)

1. Open bottles back up to the manifold (pressure should be above the desired precharge pressure, {1500 psi = 750 desired psi} {2000 and 3000 psi = 1000 desired psi}) may need to use pumps to pressure back up.
2. With power to pumps shut off open bleed line to the tank.
3. Watch and record where the pressure drops, (accumulator psi).

Record the pressure drop 950 psi.
If pressure drops below MINIMUM precharge, (Accumulator working pressure {1500 psi = 700 min.} {2000 and 3000psi = 900 psi min.}) each bottle shall be independently checked with a gauge.

