

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. 30-025-36165
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. A-1320
Lease Name or Unit Agreement Name Rocky 16 State
Well No. 1
Pool name or Wildcat Townsend Morrow / Atoka

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 GAS WELL OTHER

Name of Operator
Mewbourne Oil Company 14744

Address of Operator
PO Box 5270, Hobbs, N.M. 88241

Well Location
Unit Letter M 660 Feet From The South Line and 990 Feet From The West Line
Section 16 Township 16S Range 35E NMPM Lea County

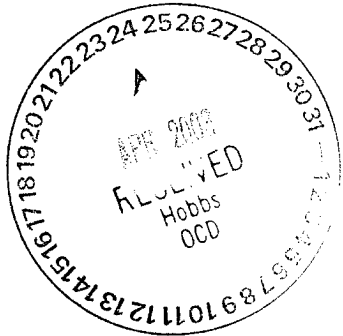
Elevation (Show whether DF, RKB, RT, GR, etc.)
4017' GL

11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ANBANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>TD & 5 1/2" Csg</u> <input checked="" type="checkbox"/>	

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.

04/19/03...TD'ed 7 7/8" hole @ 12975'. Ran 12975' 5 1/2" 17# P&N LT&C csg. Cemented w/ 825 sks 'H' w/ additives. Mixed @ 15.1 #/g & 1.28 yd. Set Slips & Released Rig.



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 04-22-03

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

(This space for State Use)

APPROVED BY Gay W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE APR 25 2003

CONDITIONS OF APPROVAL, IF ANY: