

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0135
Expires January 31, 2004

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No
NM63368

6 If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No

8. Well Name and No.
Norte 13 Federal #1

9. API Well No
30-025-38575

10. Field and Pool, or Exploratory Area
Undes Morrow

11. County or Parish, State
Lea County, NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
Mewbourne Oil Company 14744

3a. Address
PO Box 5270 Hobbs, NM 88240

3b. Phone No. (include area code)
505-393-5905

4. Location of Well (Footage, Sec., T, R., M., or Survey Description)
1980' FNL & 760' FEL, Sec 13-T19S-R32E (Unit H)

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Spud & cmt job</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

3. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

11/29/07...MI & spud 17 1/2" hole. TD hole at 1350'. Ran 1350' 13 3/8" 54.5/48# J55/K55/H40 ST&C csg. Cemented with 700 sks BJ Lite Class C (35:65:6) with additives. Mixed @ 12.5 #/g w/ 1.98 yd. Tail with 400 sks Class C with 2% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Circ 90 sks to pits. WOC 18 hrs. At 12:45 pm 12/01/07, tested 13 3/8" casing to 1250# for 30 minutes, held OK. Drilled out with 12 1/4" bit.

12/13/07..TD'ed 12 1/4" hole @ 5005'. Ran 5005' 9 5/8" 40# N80/HCK55/K55 LT&C Csg. Cemented with 1600 sks BJ Lite Class C (35:65:6) with additives. Mixed @ 12.5#/g w/ 1.96 yd. Tail w/400 sks Class C Neat. Mixed @ 14.8 #/g w/ 1.34 yd. Circ 130 sks to pit. WOC 18 hrs. Tested BOPE to 5000# for 30 minutes, held OK. Tested annular to 2500# held OK. At 7:00 pm on 12/13/07, tested 9 5/8" csg to 1500# for 30 minutes, held OK. Tested formation to 12.5 MWE. Charts and schematic attached. Drilled out with 8 3/4" bit.

RECEIVED

JAN - 3 2008

ACCEPTED FOR RECORD

DEC 31 2007

[Signature]

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

14. I hereby certify that the foregoing is true and correct.
Name (Printed/Typed) **HOBBS OCD**

Jackie Lathan Title Hobbs Regulatory

Signature *Jackie Lathan* Date 12/17/07

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by (Signature) *[Signature]* **OC DISTRICT SUPERVISOR/GENERAL MANAGER** Name (Printed/Typed) Title **FEB 06 2008**

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office Date

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

MAN

WELDING SERVICES, INC.

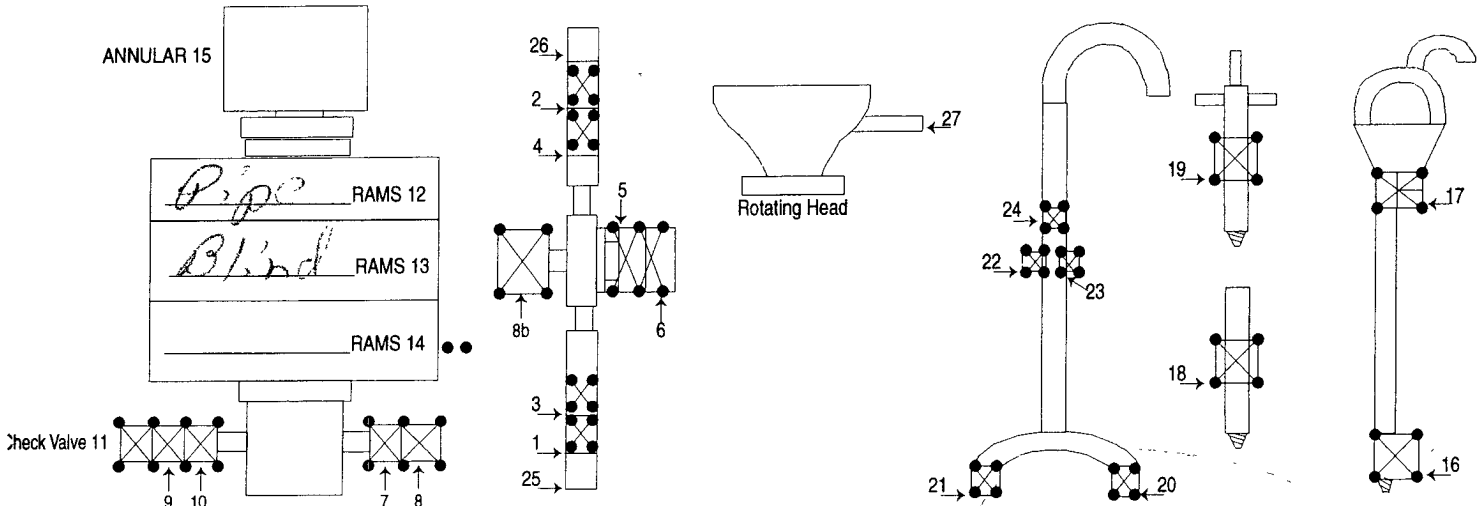
P.O. Box 1541 • Lovington, N.M. 88260
 BUS: 505 396-4540 • FAX: 505 396-0044



INVOICE

B 7787

Company Mewbourne Date 12-13-07 Start Time 7:30 am pm
 Lease Norte 13 Fed #1 County Lea State N.M.
 Company Man _____
 Wellhead Vendor _____ Tester R.M. Northwest
 Drlg. Contractor Patterson UTE Rig # 47
 Tool Pusher _____
 Plug Type C-22 Plug Size 11" Drill Pipe Size 4 1/2 RH
 Casing Valve Opened Yes Check Valve Open Yes



TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1	19	10/10	250	5000	NO LEAKS
2	18	10/10	250	5000	
3	16	10/10	250	5000	
4	17	10/10	250	5000	
5	25, 26, 6, 9, 13	10/10	250	5000	
6	1, 2, 5, 10, 13	10/10	250	5000	
7	3, 4, 5, 11, 13	10/10	250	5000	
8	8, 11, 12	10/10	250	5000	
9	7, 11, 12	10/10	250	5000	
10	7, 9, 15	10/10	250	2500	

3 HR @ 1000.00
 Mileage 94 @ 7.22 = 679.32
 Methanol = 150.00

SUB TOTAL 1244.25
 TAX 593.13
 TOTAL 1837.38

MAN WELDING SERVICES, INC

Company Newbourne Date 12-13-07

Lease Norte 13" Fed. #1 County Lea

Drilling Contractor Patt. UTE #47 Plug & Drill Pipe Size 11" C-22 / 4 1/2" V14

Accumulator Function Test - OO&GO#2

To Check - USABLE FLUID IN THE NITROGEN BOTTLES (III.A.2.c.i. or ii or iii)

- Make sure all rams and annular are open and if applicable HCR is closed.
- Ensure accumulator is pumped up to working pressure! **(Shut off all pumps)**
 1. Open HCR Valve. (If applicable)
 2. Close annular.
 3. Close **all** pipe rams.
 4. Open one set of the pipe rams to simulate closing the blind ram.
 5. For 3 ram stacks, open the annular to achieve the 50+ % safety factor. (5M and greater systems).
 6. **Record remaining pressure 1350 psi. Test Fails if pressure is lower than required.**
 - a. {950 psi for a 1500 psi system} b. {1200 psi for a 2000 & 3000 psi system }
 7. If annular is closed, open it at this time and close HCR.

To Check - PRECHARGE ON BOTTLES OR SPHERICAL (III.A.2.d.)

- Start with manifold pressure at, or above, maximum acceptable pre-charge pressure:
 - a. {800 psi for a 1500 psi system} b. {1100 psi for 2000 and 3000 psi system}
- 1. Open bleed line to the tank, slowly. **(gauge needle will drop at the lowest bottle pressure)**
- 2. Close bleed line. Barely bump electric pump and see what pressure the needle jumps up to.
- 3. **Record pressure drop 1050 psi. Test fails if pressure drops below minimum.**
- **Minimum:** a. {700 psi for a 1500 psi system} b. {900 psi for a 2000 & 3000 psi system}

To Check - THE CAPACITY OF THE ACCUMULATOR PUMPS (III.A.2.f.)

- Isolate the accumulator bottles or spherical 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 the required manifold pressure.
 4. **Record elapsed time 1:41. Test fails if it takes over 2 minutes.**
 - a. {950 psi for a 1500 psi system} b. {1200 psi for a 2000 & 3000 psi system}