

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-50920

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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..." for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Mewbourne Oil Company

3. ADDRESS OF OPERATOR
P. O. Box 7698, Tyler, Texas 75711

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1980' FSL & 1980' FEL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal "I"

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Reeves-Penn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14-18S-35E

14. PERMIT NO.
API #30-025-29345

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3876.4' GL

12. COUNTY OR PARISH
Lea

13. STATE
N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)
PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)
REPAIRING WELL
ALTERING CASING
ABANDONMENT*

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

17. 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.)*

- 1/24/86 - Set RBP at 11,047' and dumped 2 sacks sand on top.
- 1/30/86 - RU Halliburton and treated Strawn perforations with 1500 gallons of Xylene and flushed to bottom perms with 66 bbls of diesel.
- 2/01/86 - RU Welex and set CIBP at 11,040'. Dumped 2 sacks cement with dump bailer.
- 2/02/86 - PU Guiberson packer and RBP. TIH and set RBP at 10,631'. Pressure tested to 6500# for 15 mins. Held okay. Spotted 2 sacks sand on RBP. Spotted 200 gallons of acetic acid over interval to be perforated.
- 2/04/86 RU Welex and perforated Wolfcamp from 10,404-424' with 15 SPF.

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

SIGNED [Signature] TITLE Exploration Secretary

DATE February 11, 1986

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

[Signature]
MAR 5 1986

NEW MEXICO OIL CONSERVATION COMMISSION
**REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
 Supersedes Old C-104 and
 Effective 1-1-65

SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator
Mewbourne Oil Company

Address
P. O. Box 7698, Tyler, Texas 75711

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Federal "I"</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>UNDESIGNATED Delaware</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>NM-50920</u>
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>14</u> Township <u>18S</u> Range <u>35E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Company - Trucks</u>	<u>4001 Pembroke, Odessa, Texas 79762</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Company <u>66 Natl Gas</u></u>	<u>4001 Pembroke, Odessa, Texas 79762</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>J 14 18S 35E Yes January 7, 1986</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
						<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded <u>8/21/85</u>	Date Compl. Ready to Prod. <u>5/07/86</u>	Total Depth <u>12,310'</u>	P.B.T.D. <u>8650'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3891'KB, 3876'GR, 3889'DF</u>	Name of Producing Formation <u>Delaware</u>	Top Oil/Gas Pay <u>6,080'</u>	Tubing Depth <u>6,160'</u>					
Perforations <u>6080' - 6106' - Delaware</u>			Depth Casing Shoe <u>--</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17-1/2"</u>	<u>13-3/8"</u>	<u>418'</u>	<u>400</u>
<u>11"</u>	<u>8-5/8"</u>	<u>4,950'</u>	<u>2,200</u>
<u>7-7/8"</u>	<u>5-1/2"</u>	<u>12,310'</u>	<u>2,300</u>

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks <u>5/08/86</u>	Date of Test <u>5/16/86</u>	Producing Method (Flow, pump, gas lift, etc.) <u>PUMP</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>--</u>	Casing Pressure <u>--</u>	Choke Size <u>--</u>
Actual Prod. During Test	Oil - Bbls. <u>58</u>	Water - Bbls. <u>125</u>	Gas - MCF <u>24</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Jerry Section
 (Signature)
Engineering Operations Secretary
 (Title)
May 20, 1986
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY ORIGINAL SIGNED BY JERRY SECTION
DISTRICT SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.