

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-33183
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: La Huerta 30 Fee Com
8. Well No. #1-Y
9. Pool name or Wildcat Burton Flat Morrow

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.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator Mewbourne Oil Company 14744	
3. Address of Operator PO Box 5270 Hobbs, NM 88241	
4. Well Location Unit Letter <u>P</u> : <u>823</u> feet from the <u>South</u> line and <u>945</u> feet from the <u>East</u> line Section <u>19</u> Township <u>21S</u> Range <u>27E</u> NMPM <u>Eddy</u> County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3142' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>

12. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

03/29/04...TD'd 12 1/4" hole @ 2635'. Ran 2635' - 9 5/8" 40# N80 & K55 LT&C csg. Cemented with 186 sks Thixsad "H" w/ additives. Mixed @ 14.6#/g with 1.46 cf/sk yd. Followed w/1000 sks 35:65:6 Poz "C" w/additives. Tailed with 200 sks Class "C" w/2% CaCl2. Mixed @ 14.8 #/g with 1.34 cf/sk yd. Did not circ cmt. Ran Temperature survey. TOC @ 520'. 1" in 10 stages using 575 sks Class "C" w/additives. WOC 18 hrs. Test BOPE to 5000#, OK.

Cmt w/50 sks C w/4% CaCl2. WOC. Tag @ 520'.
Cmt @ 520' w/50 sks C w/5% CaCl2. WOC. Tag @ 490'.
Cmt @ 490' w/50 sks C w/5% CaCl2. WOC. Tag @ 460'.
Cmt @ 460' w/50 sks C w/5% CaCl2. WOC. Tag @ 420'.
Cmt @ 420' w/50 sks C w/5% CaCl2. WOC. Tag @ 420'.
Cmt @ 420' w/25 sks C w/5% CaCl2. WOC. Tag @ 420'.
Cmt @ 420' w/25 sks C w/5% CaCl2. WOC. Tag @ 420'.
Cmt @ 420' w/125 sks C w/2% CaCl2. WOC. Tag @ 320'.
Cmt @ 320' w/100 sks C. Circ 15 sks to pit.

*Test BOPE as required. All equipment passed. Charts & schematic attached. Drill out with 8 3/4" bit.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Hobbs District Manager DATE 04/02/04

Type or print name NM Young Telephone No. 505-393-5905

(This space for State use)

APPROVED BY FOR RECORDS ONLY TITLE DATE

Conditions of approval, if any:

APR 13 2004

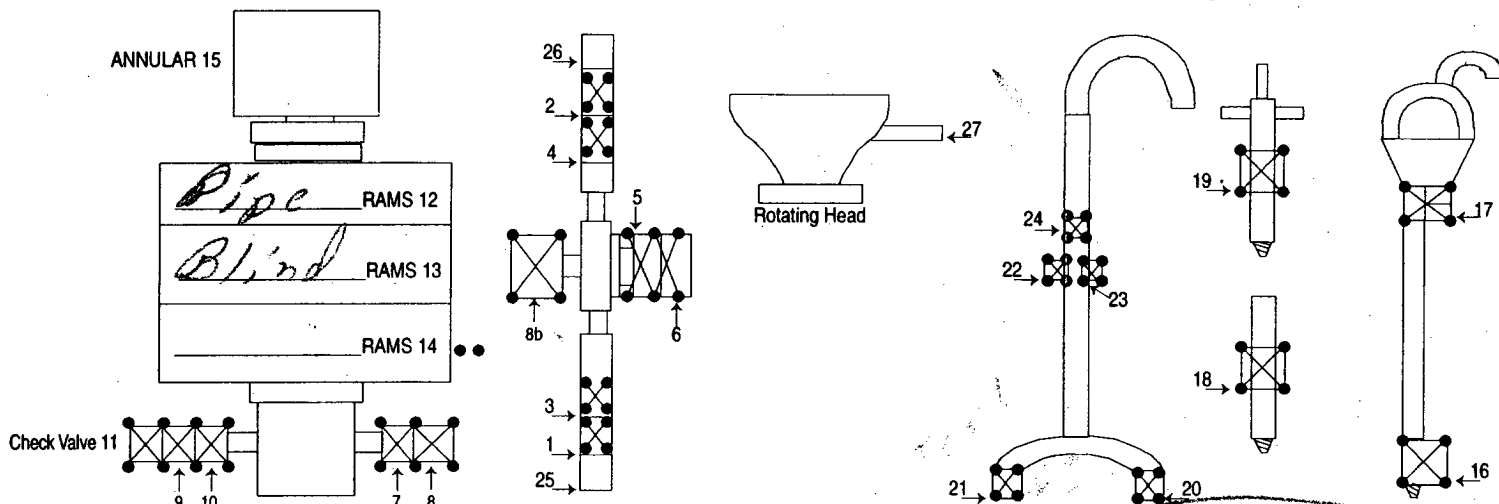
MAN WELDING SERVICES, INC.

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



INVOICE
No B 2566

Company Mewbourne Date 3-30-04 Start Time 1:00 ☐ am ☒ pm
Lease La Huerta 30 Fee Com 1-Y County Eddy State NM
Company Man _____
Wellhead Vender _____ Tester R.M. Northcutt
Drig. Contractor Patterson UTI 45 Rig # _____
Tool Pusher _____
Plug Type C-22 Plug Size 11" Drill Pipe Size 4 1/2 XH
Casing Valve Opened Yes Check Valve Open Yes



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

8 HR @ Mis. = \$900.00
HR @ _____
Mileage _____ @ _____

WA Page

SUB TOTAL \$900.00
TAX \$47.25
TOTAL \$947.25

Mewbourne

3-30-04

La Huerta 30 Feb Com. 1-4

Eddy, Co.

Patt. UTI #45

11 "C-22

J.J. 9/00

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 1600 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** precharge pressure! (Accumulator working pressure {1500 psi = 750 **desired** psi} {2000 and 3000 psi = 1000 **desired** psi}).
4. Record elapsed time 1:32 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 1100 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.