

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Oil Cons.
N.M. DIV-Dist. 2
1301 W. Grand Avenue
Artesia, NM 88210

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.	NM-86542
6. If Indian, Allottee or Tribe Name	
7. If Unit or CA/Agreement, Name and/or No.	
8. Well Name and No.	Dinero "20" Federal #1
9. API Well No.	30-015-33222
10. Field and Pool, or Exploratory Area	Dublin Ranch Morrow
11. County or Parish, State	Eddy County, NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> 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) 990' FSL & 990' FEL, Sec 20-T22S-R28E	

RECEIVED

APR 07 2004

OCB-ARTESIA

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 Spud, Csg Jobs & BOPE Test
	<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 recompleat 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 recompleat 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.)

03/17/04...MI & spud 17 1/2" hole. TD'd hole @ 507'. Ran 507' 13 3/8" 48# H40 ST&C csg. Cemented w/250 sks BJ Lite "C" w/2% CaCl2 w/ additives. Mixed @ 12.5 #/g w/ 1.98 yd. Tailed w/ 200 sk Class "C" w/ 2% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Circ 50 sks to pit. WOC 18 hrs. Tested BOPE to 1000#. Drill out w/ 12 1/4" bit.

03/27/04...TD'd 12 1/4" hole @ 4537'. Ran 4537' 9 5/8" 40# K55, HCK55 & N80 LT&C Csg. Cemented w/1600 sks 35:65:6 Poz "C" w/additives. Mixed @ 12.5 #/g w/1.34 yd. Tailed w/ 200 sks Class "C" w/ 2% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Circ 103 sks to pit. WOC 18 hrs.

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

ACCEPTED FOR RECORD

APR - 6 2004

ALEXIS C. SWOBODA
PETROLEUM ENGINEER

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

NM Young

Title Hobbs District Manager

Signature

Date 03/29/04

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by (Signature)

Name
(Printed/Typed)

Title

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.

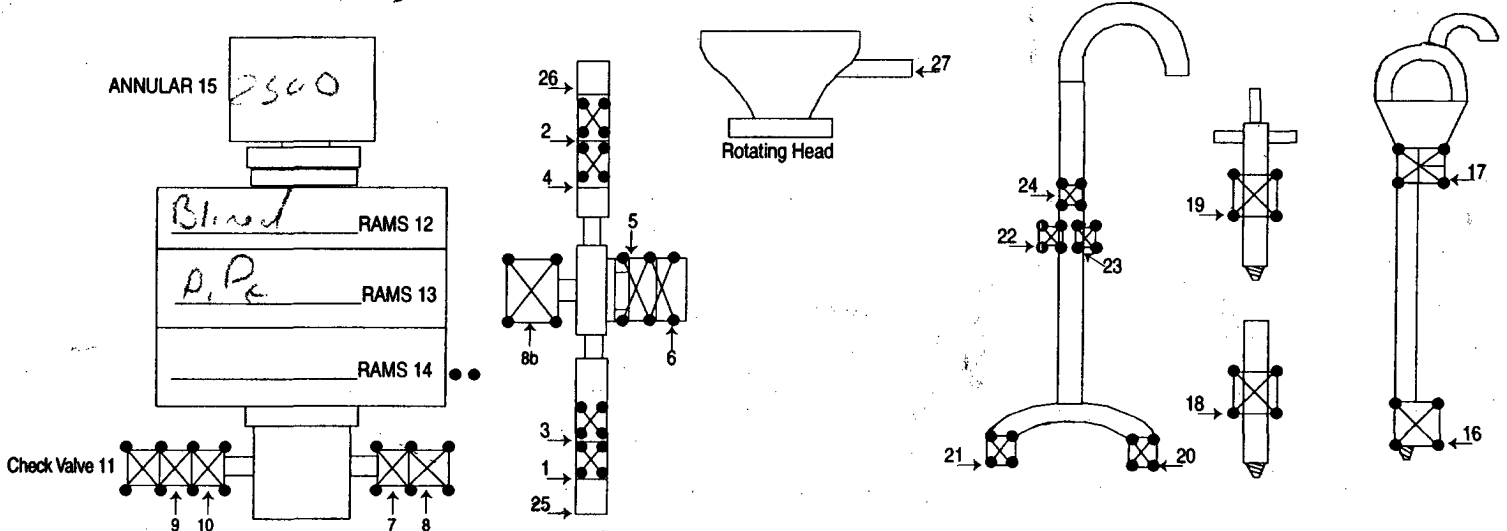
(Continued on next page)

MAN WELDING SERVICE

(505) 396-4540

INVOICE NO _____

Company M. 260012 Date 7-27-01 Start Time 700 ☐ am ☒ pm
 Lease Dario 20 feet County Elly State NY
 Company Man _____
 Wellhead Vender _____ Tester D. J. Lee
 Drig. Contractor A-11 Rig # 41
 Tool Pusher _____
 Plug Type C-22 Plug Size 1 Drill Pipe Size 4 1/2 XH
 Casing Valve Opened YES Check Valve Open _____



TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1	12.11.26.25.6	15		5000	
2	12.9.2.1.6			5000	
3	12.10.4.3.6			5000	
4	13.10.8			5000	
5	13.10.7			5000	
6	15.10.7			2500	
7	19			5000	
8	18			5000	
9	16			5000	
10	17			5000	

8 HR@ \$900
 HR@
 Mileage @

Handwritten signatures: Larry Sutton and Tony Blue

SUB TOTAL 900
 TAX 4725
 TOTAL 94725

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 1700 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 115 (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 980 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.