

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.

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 & 1650' FEL, Sec 15-T18S-R31E

5. Lease Serial No.

NMNM-89879

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.

Tamano 15 Federal Com #2

9. API Well No.

30-015-33398

10. Field and Pool, or Exploratory Area

Wildcat Morrow

11. County or Parish, State

Eddy County, NM

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

TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Acidize

☐ Alter Casing

☐ Casing Repair

☐ Change Plans

☐ Convert to Injection

☐ Deepen

☐ Fracture Treat

☐ New Construction

☐ Plug and Abandon

☐ Plug Back

☐ Production (Start/Resume)

☐ Reclamation

☐ Recomplete

☐ Temporarily Abandon

☐ Water Disposal

☐ Water Shut-Off

☐ Well Integrity

☒ Other Spud, Csg Jobs &

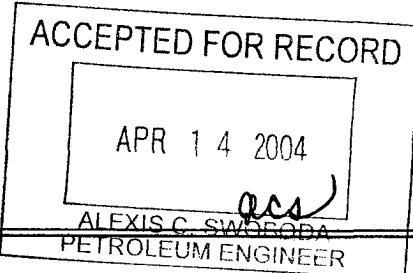
BOPE Test

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.)

03/18/04...MI & spud 17 1/2" hole. TD'd hole @ 765'. Ran 765' 13 3/8" 48# H40 ST&C csg. Cemented w/420 sks 35:65:6 Poz "C" 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 150 sks to pit. WOC 18 hrs. Tested BOPE to 1000#. Drill out w/ 12 1/4" bit.

03/28/04...TD'ed 12 1/4" hole @ 4481'. Ran 4481' 9 5/8" 40# K55, HCK55 & N80 LT&C Csg. Cemented w/1300 sks 35:65:6 Poz "C" w/additives. Mixed @ 12.5 #/g w/1.96 yd. Tailed w/ 200 sks Class "C" w/ 2% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Circ 175 sks to pit. WOC 18 hrs.

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



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

NM Young

Title Hobbs District Manager

Signature

Date 04/13/04

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by (Signature)

Name
(Printed/Typed)

Title

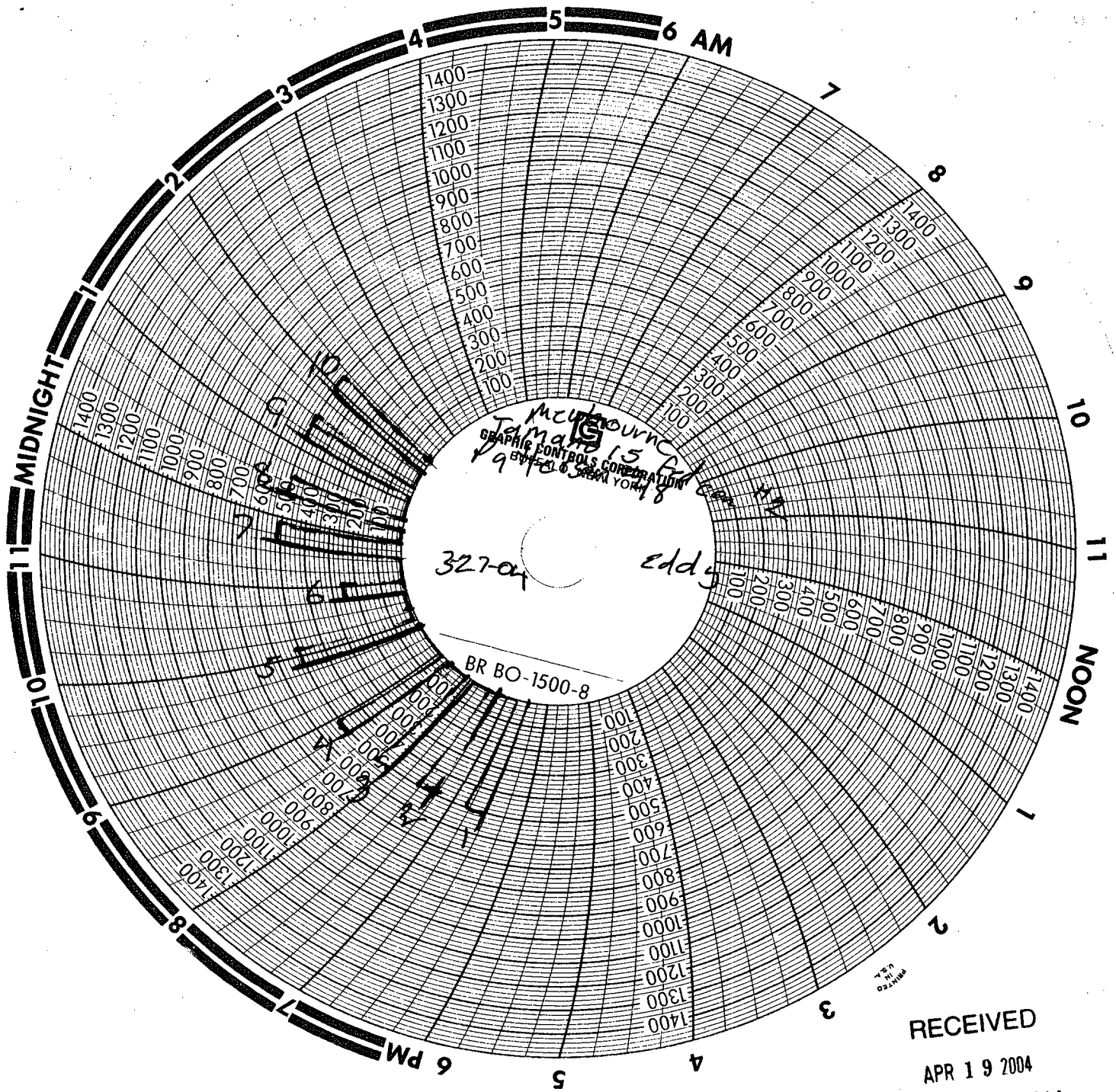
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

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.

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RECEIVED
APR 19 2004
OCD-ARTESIA

MAN

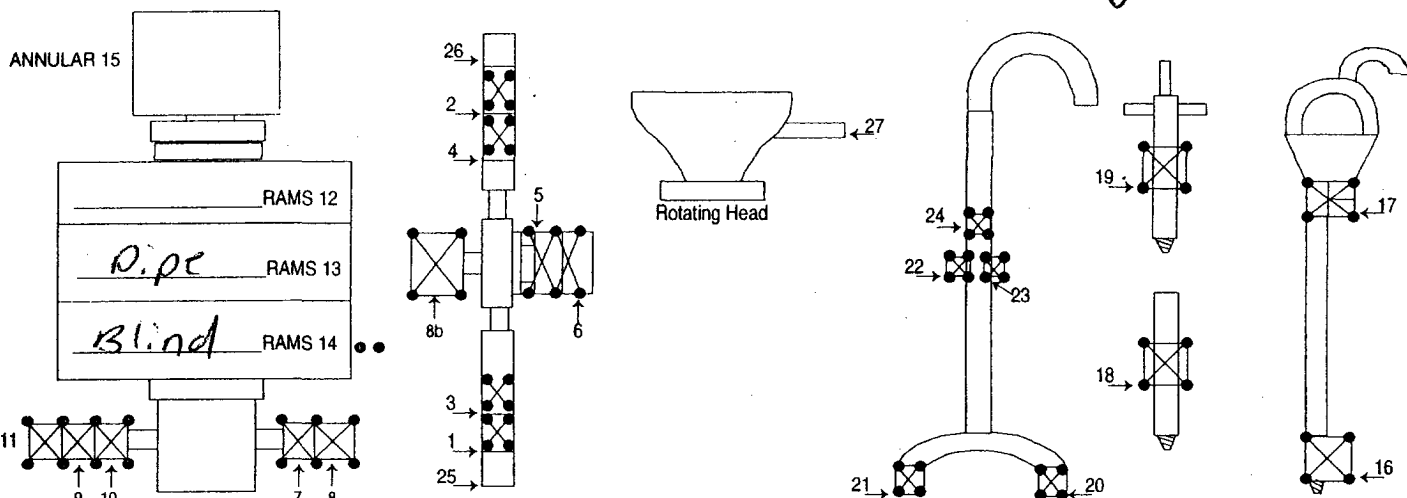
WELDING SERVICES, INC.

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



INVOICE
 No B 2549

Company McBourne Date 3-27-04 Start Time 800 ☐ am ☒ pm
 Lease Tama no 15 fed cam #2 County eddy State nm
 Company Man _____
 Wellhead Vender _____ Tester Krith
 Drlg. Contractor Patterson Rig # 48
 Tool Pusher _____
 Plug Type C-22 Plug Size 11" Drill Pipe Size 4 1/2 X H
 Casing Valve Opened YES Check Valve Open YES



TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1	25, 26, 5, 10, 14	10		5000	
2	1, 2, 6, 9, 14	10		5000	
3	3, 4, 6, 11, 14	10		5000	
4	8, 10, 13	10		5000	
5	7, 10, 13	10		5000	
6	7, 10, 15	10		2500	
7	16	10		5000	
8	17	10		5000	
9	18	10		5000	
10	19	10		5000	

8 HR@ \$900.00
 HR@ _____
 Mileage _____ @ _____

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

McWhorter

3-27-04

Eddy ca

Tamano 15 Acc cen[#] 2

Patterson[#] 49

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 1400 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 min 47 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 900 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.