Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-10	
District I	Energy, Minerals and Natural Resources			May 27, 200 WELL API NO.	4
1625 N. French Dr., Hobbs, NM 88240 District II				30-015-33694	
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type of Lease	
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE TEE X	
District IV	Santa Fe, NM 87505			6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505					
	CES AND REPORTS OF	N WELLS		7. Lease Name or Unit Agreement Name	ᅵ
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			Saladar 32 Fee Com		
PROPOSALS.)	FERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH OPOSALS.)			8. Well Number	
	Gas Well X Other	F	RECEIVEL	2	
2. Name of Operator				9. OGRID Number	
Mewbourne Oil Company		- 86	SEP 1 5 2005	14744	_
3. Address of Operator PO Box 5270 Hobbs, NM 88240)	₽	B-AH+EOM	10. Pool name or Wildcat Burton Flat Morrow 73280	
4. Well Location					
Unit Letter K_:	1650feet from t	heS	line and _	1980feet from theWline	
Section 32	Township	20S	Range 28E	NMPM Eddy County	
	11. Elevation (Show wh	nether DR,	RKB, RT, GR, etc.,		
Pit or Below-grade Tank Application O					1
· · · · · · · · · · · · · · · · · · ·	aterDistance from nea	rest fresh w	ater well Dist	tance from nearest surface water	
Pit Liner Thickness: mil	Below-Grade Tank: Vo	lume	bbls; Co	onstruction Material	
12. Check A	Appropriate Box to In	dicate N	ature of Notice,	Report or Other Data	
NOTICE OF IN	ITENTION TO:		SUB	SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR		1
TEMPORARILY ABANDON]	ILLING OPNS.□ PAND A □	•
-	MULTIPLE COMPL		CASING/CEMEN		
_		_			
OTHER: Extend APD		<u> </u>	OTHER:		<u></u>
13. 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 starting any proposed we or recompletion.	ork). SEE RULE 1103. F	or Multipl	le Completions: At	tach wellbore diagram of proposed completi	on
or recompletion.					
		9/04, would	d you please extend	I the APD for one year. If you have any	
questions, please call Mickey Young	g at 505-393-5905.				
I hereby certify that the information	above is true and complet	te to the be	est of my knowledge	e and belief. I further certify that any pit or below	₩-
grade tank has been/will be constructed or closed according to NMOCD guidelines \Box , a general permit \Box or an (attached) alternative OCD-approved plan \Box .					
SIGNATURE POILT	i Mean.	TITE H	obbs Regulatory	DATE 00/14/05	
J. J	70-1	11117F_LK	Jous Regulatory	DATE09/14/05	-
Type or print name Kristi Green		E-n	nail address:	Telephone No. 505-393-59	05
For State Use Only	W. Dum	,		•	
ADDDOVED BY	W. Dem II Superi	THE TE		DAMBED O A	
APPROVED BY Conditions of Approval (if any):	II Jeen			DATEEP 2 0 2005	