			OCE	D Artesia		
Form 3160-5 (August 2007)	Ourm 3160-5 August 2007) UNITED STATES DEPARTMENT OF THE INTERIOR , BUREAU OF LAND MANAGEMENT			FORM APPROVED OMB No. 1004-0137 Expins: July 31, 2010 5. Lease Serial No. NMLC-028978(h), NMLC-038650 NMNM-117116		
Do not us		posals to	RTS ON WELLS drill or to re-enter a D) for such proposa		6 If Indian, Allonce or	'fřihe Name
SUBMIT IN TRIPLICATE – Other instructions on page 2.					7. If Unit of CA/Agreement, Name and/or No.	
1. Type of Well			*****		n	
✓ Oil Well Gas Well Other				8. Well Name and No. Owl Draw 23 DM fied Com #2FI		
2. Name of Operator Mey	wbourne Oil Company				9. API Well No. 30-015-41394	
3a. Address PO Box 5270 Hobbs, NM 88241			3b. Phone No. (include area code) 575-393-5905		10. Field and Pool or Exploratory Area Hay Hollow; Bone Spring 37920	
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Descripti 370' FSL & 1055' FWL, Sec 14, T26S, R27E			)		11. Country or Parish, State Eddy, County NM	
	12. CHECK THE APPROF	RIATE BOX	(ES) TO INDICATE NATUR	RE OF NOTI	CE, REPORT OR OTHE	R DATA
TYPE OF SUBMISSION			T	YPE OF ACT	TION	
Notice of Intent	Acidize	•	Deepen Fracture Treat		uction (Start/Resume) amation	Water Shut-Off
Subsequent Report	Casing Ro	-	New Construction Plug and Abandon		omplete	Other Flexible choke
Final Abandonment N		o Injection	Plug Back	<b></b>	porarily Abandon er Disposal	
Attach the Bond under following completion o testing has been comple	en directionally or recomplete which the work will be perfo f the involved operations. If	horizontally, rmed or provi the operation plices must be	ide the Bond No. on file with results in a multiple completi	d measured a BLM/BIA. 1 ion or recomp	nd true vertical depths of Required subsequent repo pletion in a new interval.	and approximate duration there all pertinent markers and zones orts must be filed within 30 day: a Form 3160-4 must be filed or completed and the operator has
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