orm 3160-5						
August 2007)			VTERIOR		FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010	
BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON W				5. Lease Serial No. NMNM0556290		
Do not use this form for proposals to drill or to re abandoned well. Use form 3160-3 (APD) for such p				6. If Indian, Allottee or Tribe Name		
SUBMIT IN T	RIPLICATE -Other instruc	tions on reverse side.		7. If Unit or CA/Agre	ement, Name and/or No.	
 Type of Well Gas Well Other 			8. Well Name and No. PERAZZI 9 DA FEDERAL 1H			
2. Name of Operator MEWBOURNE OL COMPANY E-Mail: jlathan@mewbourne.com			·	Well No. 30-015-42090-00-S1		
3a. Address 3b. Phone No P O BOX 5270 Ph: 575-39 HOBBS, NM 88241 Ph: 575-39			i code)	10. Field and Pool, or Exploratory PARKWAY		
4. Location of Well (Footage, Sec.	, T., R., M., or Survey Description)		11. County or Parish,	and State	
Sec 8 T20S R29E NENE 920FNL 150FEL 32.353329 N Lat, 104.051894 W Lon			х.	EDDY COUNT	Y, NM	
12. CHECK AP	PROPRIATE BOX(ES) TO) INDICATE NATURE	OF NOTICE, R	EPORT, OR OTHE	R DATA	
TYPE OF SUBMISSION		TYPE OF ACTION				
□ Notice of Intent		Deepen	Produce	tion (Start/Resume)	U Water Shut-Off	
Subsequent Report	□ Alter Casing	Fracture Treat	🗖 Reclan		Well Integrity	
	Casing Repair	New Construction		Drilling Operations		
Final Abandonment Notice	Change Plans	Plug and Aband	. – •	rarily Abandon	Drining operations	
13. Describe Proposed or Completed (Convert to Injection	Plug Back		-		
Attach the Bond under which the v following completion of the involv	work will be performed or provide	the Bond No. on file with BL	M/BIA. Required su	ibsequent reports shall be	filed within 30 days	
testing has been completed. Final determined that the site is ready for 05/03/14 TD 17 12" hole @ 650 sks Class C (35:65:4) v CaCl2. Mixed @ 14.8 #/g w 6:00 A.M. 05/05/14, tested.	Abandonment Notices shall be file or final inspection.) () 1424' Ran 1424' of 13 3/8	ed only after all requirements, " 54# & 48# J55 & H40 \$	including reclamatio	on, have been completed, entedwith	and the operator has	
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