Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department  A OIL CONSERVATION DIVISION				Form C-103 Revised 1-1-89		
P.O. Box 1980, Hobbs, 1414 60240	2040 Pacheco St.						
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 RECEIVED					sIndicate Type of Lease		
DISTRICT III  1000 Rio Brazos Rd., Aztec M. 87410					STATE FEE		
					₅State Oil & Gas Leas	se No.	
SUNDRY MOTICES AND REPORTS ON WELLS					the state of the s		
(DO NOT USE THIS FORM FOR PROPERTY TO DESCRIPTION FOR PERMIT"  (FORM C-101) FOR SUCH PROPOSALS.)					<sup>7</sup> Lease Name or Unit Otis 14	Agreement Name	
Type of Well: OIL GAS WELL WELL OTHER							
2Name of Operator Mewbourne Oil Company 14744					eWell No.		
3Address of Operator PO Box 5270, Hobbs, New Mexico 88241					Pool name or Wildcat East Carlsbad Morrow		
4Well Location					Last Callsbad I	VIOITOVV	
Unit Letter	1980 Feet From The	South	Line and	660	Feet From The	East	Line
Section	14 Township	228	Range	27E	NMPM	Eddy	County
		vation ( <i>Show whether Di</i> 2' GL	F, RKB, RT, GR, etc				
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data							
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:							
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK					ALTERING CASING		
TEMPORARILY ABANDON	CHANGE	PLANS	COMMENCE	RILLING O	PNS.	PLUG AND ANB	ANDONMENT
PULL OR ALTER CASING			CASING TEST	AND CEME	ENT JOB		
OTHER: OTHER: Test Lower Morrow.					orrow. Set CIBP. Con	nplete in Upper M	lorrow
<sup>12</sup> 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.							
04/04/03Perforate Lower Morrow @ 11779-784' (6', 4 spf, .24" EHD. 24 holes. Swab & flow test.							
04/05/03Acidize perfs w/ 500 gals 7 1/2% HCl. Swab & flow test well.							
04/09/03POOH w/ tbg. Set 10k CIBP @ 11765'. Place 35' cement on plug. Continue w/ operations as on Completion report.							
Contanue W Opt	crauono ao on compie	uon report.					
I hereby certify that the information above is true and complete to the best of my knowledge and belief.							
SIGNATURE	·	•	TITLE District M	anager		DATE 06-1	9-03
TYPE OR PRINT NAME N.M. YOU						TELEPHONE NO. 5	05-393-5905

This space for State Use)

APPROVED BY

I Sim W. Lum

District Supervisor

DATE JUN 2 5 2003

CONDITIONS OF APPROVAL, IF ANY: