Form 3160-5
(September 2001)

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

5. Lease Serial No.
NMNM-33437

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
25198

1. Type of Well
☐ Oil Well ☑ Gas Well ☐ Other

8. Well Name and No.
Fren 8 Federal Com #6

2. Name of Operator
Mewbourne Oil Company 14744

9. API Well No.
30-015-32980

3a. Address
PO Box 5270 Hobbs, NM 88240

3b. Phone No. *(include area code)*
505-393-5905

10. Field and Pool, or Exploratory Area
Shugart Strawn

4. Location of Well *(Footage, Sec., T, R., M., or Survey Description)*
660' FNL & 1650' FEL, Unit B of Sec 8 -T18S-R31E

11. County or Parish, State
Eddy County NM

OCT 2003
RECEIVED
OCD - ARTESIA

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

TYPE OF SUBMISSION	TYPE OF ACTION			
☐ Notice of Intent	☐ Acidize	☐ Deepen	☐ Production (Start/Resume)	☐ Water Shut-Off
☐ Subsequent Report	☐ Alter Casing	☐ Fracture Treat	☐ Reclamation	☐ Well Integrity
☐ Final Abandonment Notice	☐ Casing Repair	☐ New Construction	☐ Recomplete	☑ Other BOP Test
	☐ Change Plans	☐ Plug and Abandon	☐ Temporarily Abandon	
	☐ Convert to Injection	☐ Plug Back	☐ Water Disposal	

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 recomplete 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 recompletion 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.)

10/06/03... POOH @ 8826'. Test BOPE as required. All equipment passed.
RIH & continue drilling operations.
Chart & schematic enclosed. Drill out with 8 3/4" Bit.

ACCEPTED FOR RECORD
OCT 14 2003
LES BABYAK
PETROLEUM ENGINEER

14. I hereby certify that the foregoing is true and correct
Name *(Printed/Typed)* NM Young — Title Hobbs District Manager

Signature — Date 10/07/03

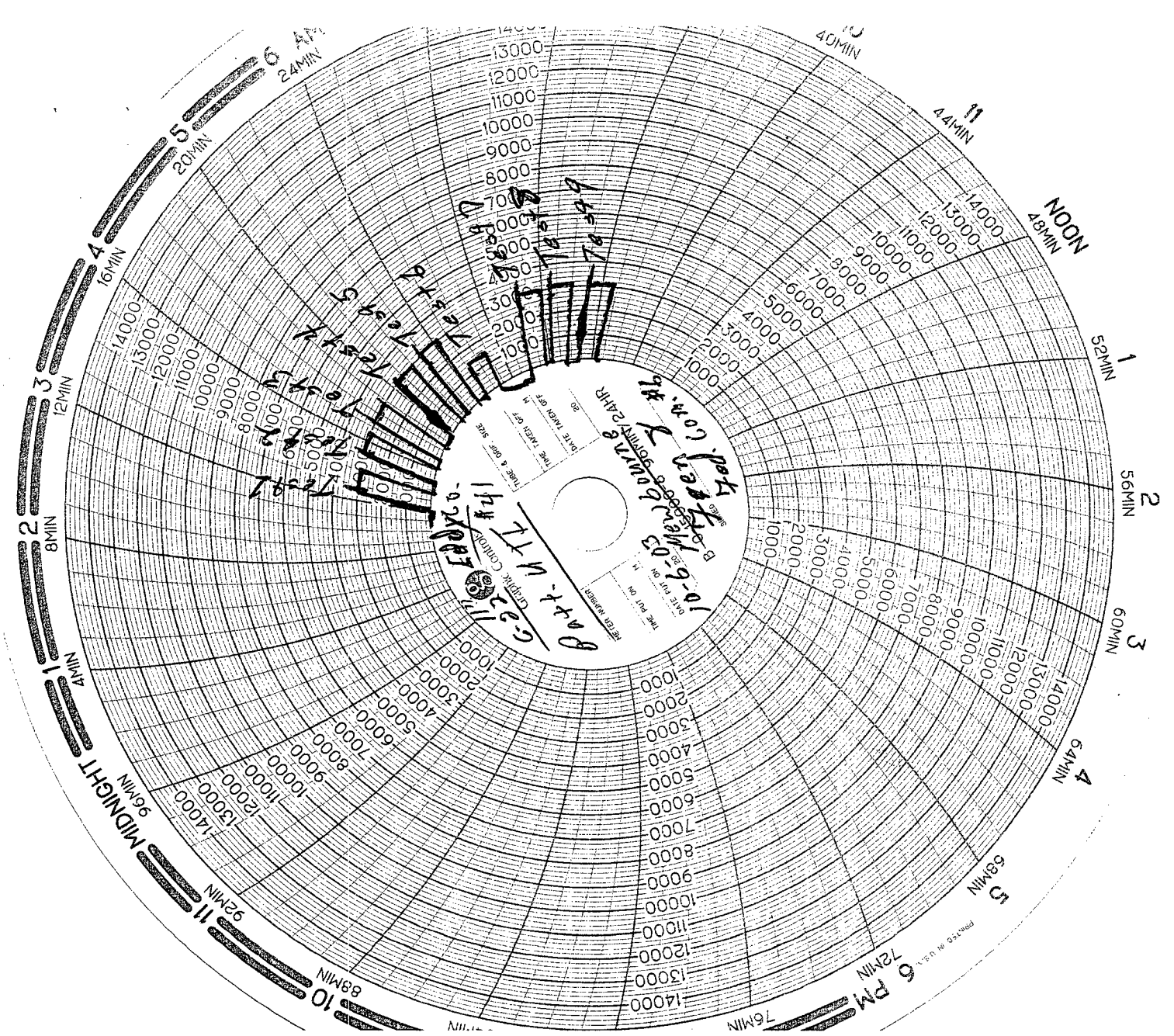
THIS SPACE FOR FEDERAL OR STATE OFFICE USE

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.

(Continued on next page)



MAN WELDING SERVICE

(505) 396-4540

INVOICE NO 8-2230

Company Newbourne Date 10-6-03 Start Time 2:00 ☑ am ☐ pm

Lease Ingen F Fed. Com #6 County Eddy State NM

Company Man

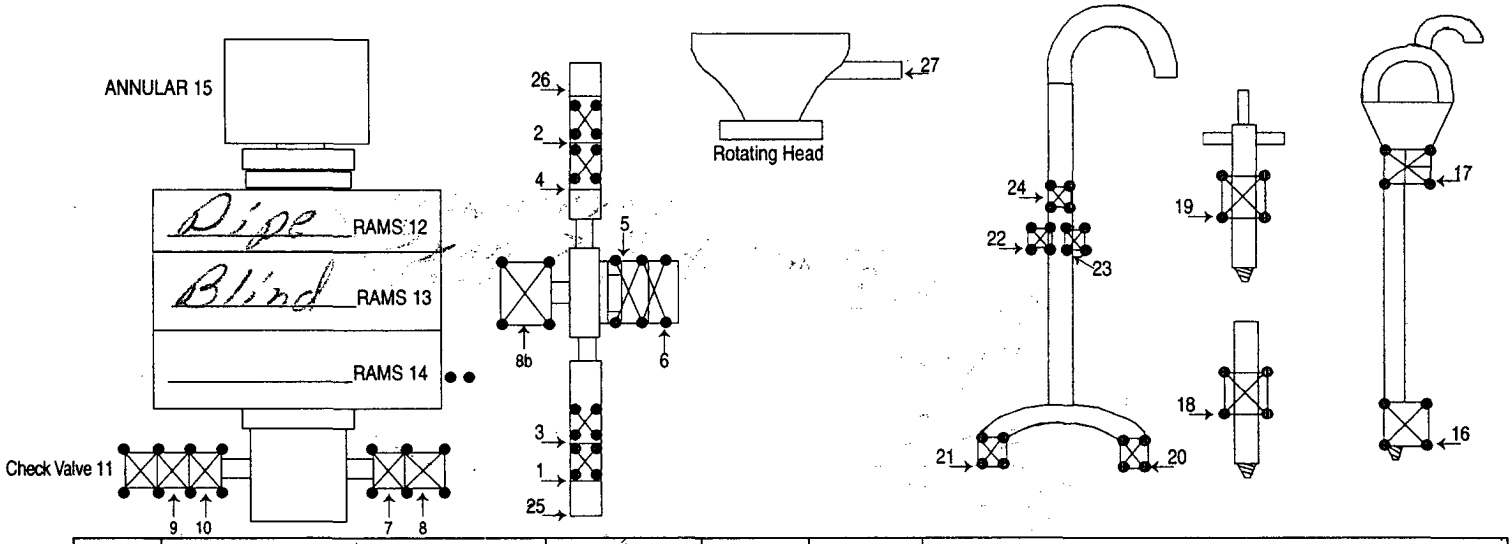
Wellhead Vender Tester R. M. Newbourne

Drlg. Contractor Patterson UTI #41 Rig #

Tool Pusher

Plug Type C-22 Plug Size 11" Drill Pipe Size 4½ XH

Casing Valve Opened Yes Check Valve Open Yes



TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1	25, 26, 6, 9, 13	10 Min		3000	
2	1, 2, 6, 10, 13	10		3000	
3	3, 4, 6, 10, 13	10		3000	
4	7, 11, 12	10		3000	#19 O.d Not Test
5	7, 11, 12	10		3000	Will Replace.
6	7, 11, 15	10		1500	
7	18	10		3000	
8	16	10		3000	
9	17	10		3000	
		1:20 sec.			#8 Is HCR Valve.
					#25 Is Super Choke.

7 HR@ Min = $900.00

HR@

Mileage @

SUB TOTAL $900.00

TAX $47.25

TOTAL $947.25

Mewbourne
Keen 3 Fed. Com. #6
Patt. #TL #41

Eddy Co.
10-6-03
11"C-23

ASC Rev. 06 02

Accumulator Function Test - OO&GO#2

To Check - **USABLE FLUID IN THE NITROGEN BOTTLES** (III.A.2.c.i.or ii or iii)

- Make sure all rams and annular are open and if applicable HCR is closed.
- Ensure accumulator is pumped up to working pressure! **(Shut off all pumps)**

1. Open HCR Valve. (If applicable)
2. Close annular.
3. Close **all** pipe rams.
4. Open one set of the pipe rams to simulate closing the blind ram.
5. For 3 ram stacks, open the annular to achieve the 50±% safety factor.(5M and greater systems).
6. **Record remaining pressure** 1700 **psi. Test Fails if pressure is lower that required.**
   - a. {950 psi for a 1500 psi system } **b.** { **1200** psi for a 2000 & 3000 psi system }
7. If annular is closed, open it at this time and close HCR.

To Check - **PRECHARGE ON BOTTLES OR SPHERICAL** (III.A.2.d.)

- Start with manifold pressure at, or above, maximum acceptable pre-charge pressure:
  a. {800 psi for a 1500 psi system } **b.**{1100 psi for 2000 and 3000 psi system}

1. Open bleed line to the tank, slowly. **(gauge needle will drop at the lowest bottle pressure)**
2. Close bleed line. Barely bump electric pump and see what pressure the needle jumps up to.
3. **Record pressure drop** 1000 **psi. Test fails if pressure drops below minimum.**
- **Minimum: a.**{700 psi for a 1500 psi system } **b.**{900 psi for a 2000 & 3000 psi system}

To check - **THE CAPACITY OF THE ACCUMULATOR PUMPS** (III.A.2.f.)

- Isolate the accumulator bottles or spherical from the pumps & manifold.
- Open the bleed off valve to the tank, {manifold psi should go to O 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 the required manifold pressure.
4. **Record elapsed time** 1:20 sec. **Test fails if it takes over 2 minutes.**
   - **a.** {950 psi for a 1500 psi system} **b.** {**1200** psi for a 2000 & 3000 psi system}

Accumulator working pressure rating	Minimum acceptable operating pressure	Desired precharge pressure	Maximum acceptable precharge pressure	Minimum acceptable precharge pressure
1,500 psi	1,500 psi	750 psi	800 psi	700 psi
2,000 psi	2,000 psi	1,000 psi	1,100 psi	900 psi
3,000 psi	3,000 psi	1,000 psi	1,100 psi	900 psi