

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

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**

1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other  
2. Name of Operator  
Mewbourne Oil Company 14744  
3a. Address  
PO Box 5270 Hobbs, NM 88240  
3b. Phone No. (include area code)  
575-393-5905  
4. Location of Well (Footage, Sec., T, R., M., or Survey Description)  
660' FNL & 1980' FWL, Sec 15-T20S, R29E Unit C

5. Lease Serial No.  
NMNM-0556290  
6. If Indian, Allottee or Tribe Name  
7. If Unit or CA/Agreement, Name and/or No.  
8. Well Name and No.  
Ithaca 15 Federal #1  
9. API Well No.  
30-015-36572  
10. Field and Pool, or Exploratory Area  
East Burton Flat Morrow  
11. County or Parish, State  
Eddy County, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Csg, Cmt
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> 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 recompleat 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 recompleat 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.)

09/17/08...MI & spud 26" hole. TD hole at 300'. Ran 300' 20" 94# K55 BT&C csg. Cmt w/180 Thixad Class H with additives. Mixed @ 14.6 #/g w/ 1.38 yd. Followed by 200 sks Class C with 2% CaCl2. Mixed @ 13.5 #/g w/ 1.75 yd. Tail w/200 sks Class C w/2% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Plug down @ 3:00 am 09/19/08. Lift pressure 45# @ 4 BPM. No returns during cmt job. Did not circ cmt. Ran Temp Survey TOC @ 210'. TIH w/1" pipe Tag @ 188'. Ran 1" pipe in 9 stages with 475 sks Class C w/CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Circ 10 sks to pits. WOC 18 hrs. Drilled out with 17 1/2" bit.

09/02/08..TD'ed 13 3/8" hole @ 1520'. Ran 1520' 13 3/8" 54.5# J55 ST&C Csg. Cemented w/180 sks Thixad Class H with additives. Mixed @ 14.6# /g w/ 1.52 yd. Followed by 800 sks BJ Lite Class C (35:65:4) w/additives. Tail w/00 sks Class C w/2% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Plug down @ 5:30 am 09/25/08. Lift pressure 500# @ 3 BPM. No returns during cmt. Did not circ cmt. Ran Temp Survey TOC @ 280'. TIH w/1" pipe Tag @ 285'. Ran 1" pipe in 2 stages. At 7:30 pm on 09/26/08, tested csg to 1500# for 30 minutes, held OK. Drilled out with 12 1/4" bit.

Total Cmt?

ACCEPTED FOR RECORD

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OCT 15 2008

OCT 13 2008

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

Gerry Guye, Deputy Field Inspector  
NMOCD-District II ARTESIA  
Title Hobbs Regulatory

Jackie Lathan

Signature

Jackie Lathan

Date 09/30/08

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

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.

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