

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM - 13409
2. Name of Operator Mewbourne Oil Company	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 5270 Hobbs, New Mexico 88241 (505) 393-5905	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 990' FNL & 990' FEL Sec. 20-T19S-R27E	8. Well Name and No. Lakeshore Federal #1
	9. API Well No. 30-015-26835
	10. Field and Pool, or Exploratory Area McMillan Atoka
	11. Country or Parish, State E. Lake Morrow
	Eddy Co. N.M.

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

10/06/95 POOH with tubing. Set 5-1/2" CIBP @ 9460' to plug back Atoka perforations (9502'-9596'). Cap with 35' cement. Perforate Wolfcamp from 8009' - 8020' and 7862' - 7867'.

10/07/95 TIH with tubing and packer. Acidize with 2500 gallons 15% HCl acid.

10/08/95 Swab test well. Shut well in.

RECEIVED
FEB 25 1996
OIL CON. DIV.
DIST. 2

RECEIVED

14. I hereby certify that the foregoing is true and correct

Signed J. W. Smith Title Engineer Date 1/17/96

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: