

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. 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.

5. Lease Serial No.	NMNM-13237
6. If Indian, Allottee or Tribe Name	
7. If Unit or CA/Agreement, Name and/or No.	
8. Well Name and No.	Ruger 31 Federal #1
9. API Well No.	30-015-33554
10. Field and Pool, or Exploratory Area	Winchester Morrow 87600
11. County or Parish, State	Eddy, NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side

RECEIVED

DEC - 9 2004

OCU-ARTEZIA

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	2. Name of Operator Mewbourne Oil Company 14744
3a. Address PO Box 5270 Hobbs, NM 88240	3b. Phone No. (include area code) 505-393-5905
4. Location of Well (Footage, Sec., T, R., M., or Survey Description) 660' FSL & 660' FWL, Sec 31-T19S-R29E Unit Letter M	

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

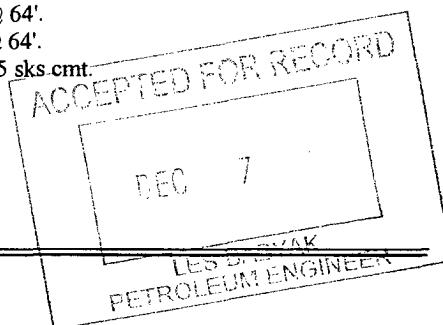
TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> 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 <u>TD 12 1/4" and set plugs</u>
	<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.)

11/26/04...MI & spud 17 1/2" hole. TD'd 17 1/2" hole @ 336'. Ran 336' - 13 3/8" H40 ST&C csg. Cemented with 4 sks GW27 followed with 200 sks Thixropic Class "H" with additives. Mixed @ 14.6 #/g with 1.52 cf/sk yd. Tail with 400 sks Class "C" with 2% CaCl2. Mixed @ 14.8 #/g with 1.34 cf/sk yd. Plug down at 2:15 pm 11/26/04. Did not circulate (Jim Amos w/BLM advised to tag TOC with 1"). No returns. Pumped 5 - 1" cment jobs.

Set 1st Plug with 50 sks "C" with 3% CaCl2. Mixed @ 14.8 #/g with 1.34 cf/sk yd. WOC. Tag @ 64'.
Set 2nd Plug with 50 sks "C" with 3% CaCl2. Mixed @ 14.8 #/g with 1.34 cf/sk yd. WOC. Tag @ 64'.
Set 3rd Plug with 50 sks "C" with 3% CaCl2. Mixed @ 14.8 #/g with 1.32 cf/sk yd. WOC. Tag @ 64'.
Set 4th Plug with 50 sks "C" with 3% CaCl2. Mixed @ 14.8 #/g with 1.32 cf/sk yd. WOC. Tag @ 64'.
Set 5th Plug with 50 sks "C" with 3% CaCl2. Mixed @ 14.8 #/g with 1.32 cf/sk yd. WOC. Circ 15 sks cmt.

At 8:15 pm on 11/27/04, test 13 3/8" casing to 1250# for 30 mins. Drilled out with 12 1/4" bit.



14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Kristi Green	Title Hobbs Regulatory Asst
Signature <i>Kristi Green</i>	Date 12/01/04

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)