	E	UNITED STAT PARTMENT OF THE JREAU OF LAND MAN	INTERIOR		MOC			FORM APPR OMB NO. 100 Expires: July 3	04-0135
	SUNDRY	NOTICES AND REP s form for proposals	ORTS ON	WELLS	rtesi	a	5. Lease Seri NMLC06		
` ŧ		s form for proposals I. Use form 3160-3 (A				•	6. If Indian, J	Allottee or Trib	e Name
	SUBMIT IN TRI	PLICATE - Other instr	ructions on I	reverse s	ide.		7. If Unit or (CA/Agreement	Name and/or No
1. Type of Well 2 Oil Well	Gas Well 🔲 Oth	er					8. Well Name FULLER	and No. 13 24 B2LM F	ED COM 1H
2. Name of Operator MEWBOURNE	E OIL COMPAN	: JACKIE L/ @mewbourne.c	:om /		30-015-4	9. API Well No. 30-015-43009-00-X1			
3a. Address P O BOX 5270 HOBBS, NM 8			3b. Phone Ph: 575	No. (includ -393-5905	e area code) 5		10. Field and WILDCA	l Pool, or Explo NT	ratory
		, R., M., or Survey Descript	ion)				11. County of	r Parish, and St	ate
	R29E NWSW 26 .at, 103.944007	20FSL 330FWL W Lon					EDDY C	OUNTY, NM	١
12.	CHECK APPF	OPRIATE BOX(ES)	TO INDICA	TE NATI	JRE OF N	IOTICE	E, REPORT, OR	OTHER DA	ATA
TYPE OF SUE	BMISSION				TYPE OF	ACTIO	N		
Notice of Inte	ení	🗖 Acidize		Deepen		Pro	duction (Start/Res	ume) 🖸	Water Shut-Off
		Alter Casing	D P	Fracture Tre	eat	🛛 Rec	lamation	D	Well Integrity
🔂 Subsequent R	Report	🗖 Casing Repair		lew Constr	ruction	🗖 Rec	complete		Other illing Operation
Final Abando	onment Notice	 Change Plans Convert to Injection 	-	'lug and At 'lug Back	bandon	_	nporarily Abandon ter Disposal	1 10	ming Operation
If the proposal is t Attach the Bond u following complet	to deepen directiona inder which the wor tion of the involved	ration (clearly state all perti Ily or recomplete horizontal k will be performed or provi operations. If the operation	ly, give subsurfa ide the Bond No results in a mul	luding estim ace locations b. on file with tiple completion	s and measu h BLM/BIA etion or reco	date of a red and tr Require moletion	ny proposed work an ue vertical depths of d subsequent reports in a new interval, a F	all pertinent ma shall be filed v form 3160-4 sh	arkers and zones. vithin 30 days all be filed once
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MAN WELDING SERVICES, INC.

Company Alewbourne	Date 17.7-15
Lease Fuller 13/201 BZLHA Fred #14	County Eddy County Nils.
	Plug & Drill Pipe Size <u>11"(22, 45TF</u>
Accumulator Pressure: 3000 Manif	old Pressure: 1500 Annular Pressure: 1000
	unction Test - OO&GO#2
To Check - USABLE FLUID IN THE NITRO	
 Make sure all rams and annular are open Ensure accumulator is pumped up to wor 	
6. Record remaining pressure 1350	 achieve the 50+ % safety factor. (5M and greater systems). _psi. Test Falls if pressure is lower than required. b. {1200 psi for a 2000 & 3000 psi system }
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}
 Close bleed line. Barely bump electric Record pressure drop <u>non psi.</u> 	 gauge needle will drop at the lowest bottle pressure) c pump and see what pressure the needle jumps up to. Test fails if pressure drops below minimum. tem) b. {900 psi for a 2000 & 3000 psi system}
To Check - THE CAPACITY OF THE ACCU	MULATOR PUMPS (III.A.2.f.)
 Isolate the accumulator bottles or spherica Open the bleed off valve to the tank, {man 	al from the pumps & manifold. nifold psi should go to 0 psi } close bleed valve.
1. Open the HCR valve, {if applicable}	
	es to regain the required manifold pressure.

a. {950 psi for a 1500 psi system} b. {1200 psi for a 2000 & 3000 psi system}

WELDING • BOP TESTING WELDING SERVICES WELDING SERVICES WELDING SERVICES WELDING • BOP TESTING NIPPLE UP SERVICE • BOP LIFTS • TANDEM MUD AND GAS SEPARATORS Lovington; NM • 575-398-4540

Pg. _____ of ____

Check Valvo Must Be Open/Disabled To Test Kill Linc Valves

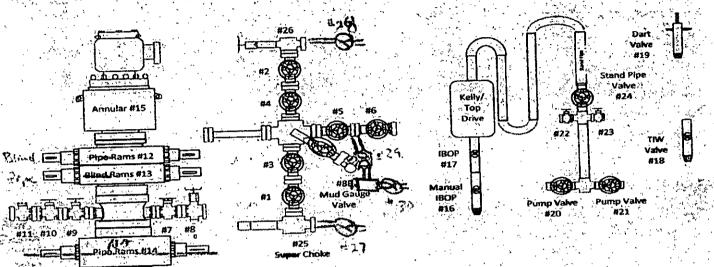
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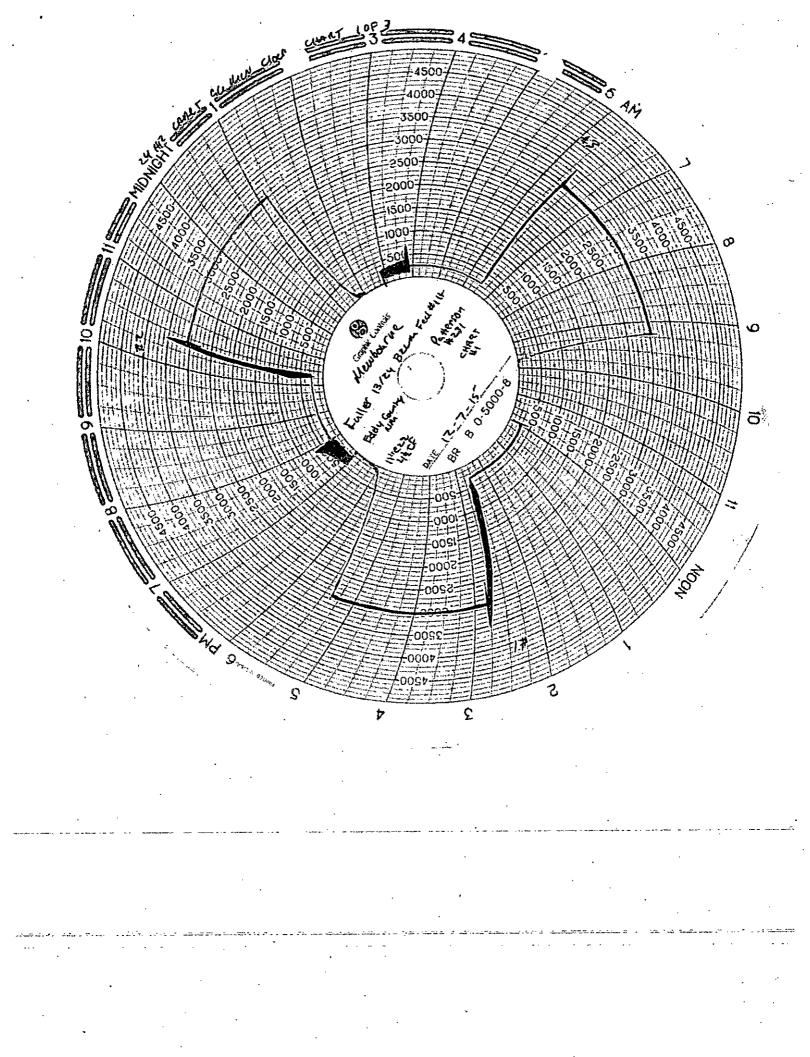
Required BOP:

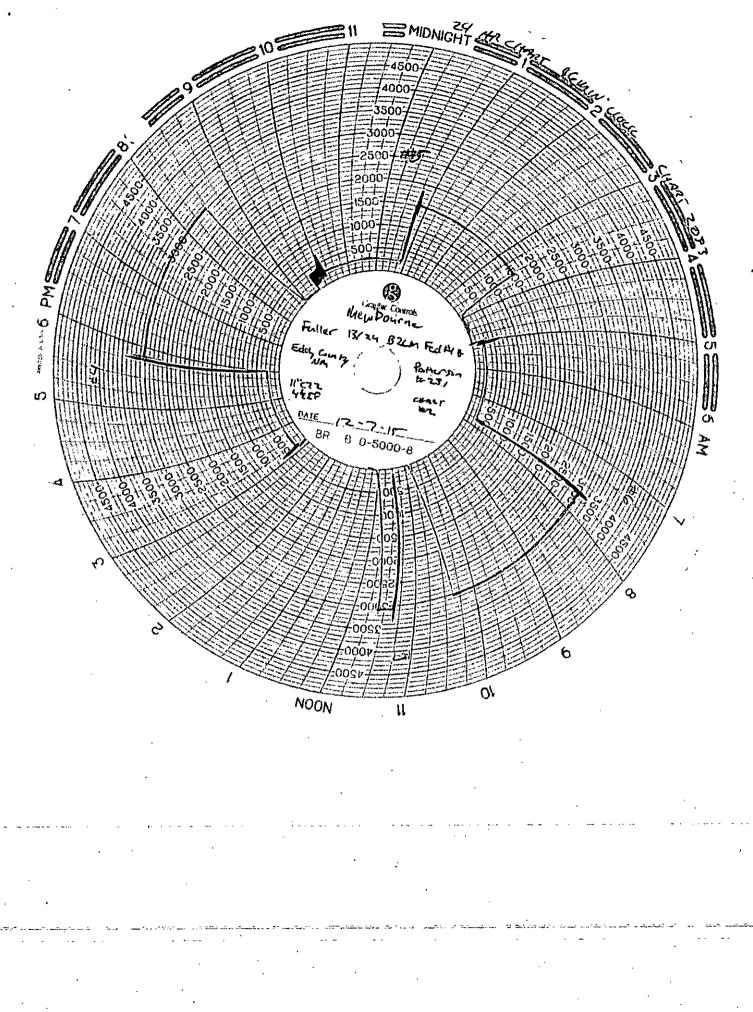
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nghitan Jar Appropriate Casing Velve Must Be Open During BOP Test



		Casing				
	TEST #	TEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
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