

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)

505-393-5905

## 4. Location of Well (Footage, Sec., T, R., M., or Survey Description)

660' FSL &amp; 1120' FEL Unit P Sec 17-T20S-R25E

## 5. Lease Serial No.

NM-99014

## 6. If Indian, Allottee or Tribe Name

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

## 8. Well Name and No.

Pine Box 17 Federal #1

## 9. API Well No.

30-015-34913

## 10. Field and Pool, or Exploratory Area

Cemetery Morrow 74640

## 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 Spud, cement and
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	BOPE tst
	<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 recompleate 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 recompleation 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.)

10/01/06...MI and spud 12 1/4" hole. TD'd 12 1/4" hole @ 1165'. Ran 1165' of 8 5/8" 32# J55 ST&C csg. Cemented with 3 sks GW27 frac gel followed with 180 sks Thixad H with additives. Mixed @ 14.6 #/g with 1.51 cf/sk yd. Followed with 400 sks BJ Lite Class C with additives. Mixed @ 12.5 #/g with 1.96 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 9:00 pm 10/04/06. Circulate 150 sks to pit. WOC 18 hrs. Tested BOPE to 3000# and annular to 1500#. Upper & lower kelly valves were replaced (charts attached). At 8:45 am 10/06/06, tested 8 5/8" casing to 1500# for 30 mins as required. All held OK. Charts and schematic attached. Drilled out with 7 7/8" bit.

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

Kristi Green

Title Hobbs Regulatory

Signature

Date 10/11/06

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by (Signature)

Name  
(Printed/Typed)

Office

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.

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 Federal or State official any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

ACCEPTED FOR RECORD	
Title	
OCT 27 2006	
WESLEY W. INGRAM PETROLEUM ENGINEER	

(Continued on next page)

# MAN

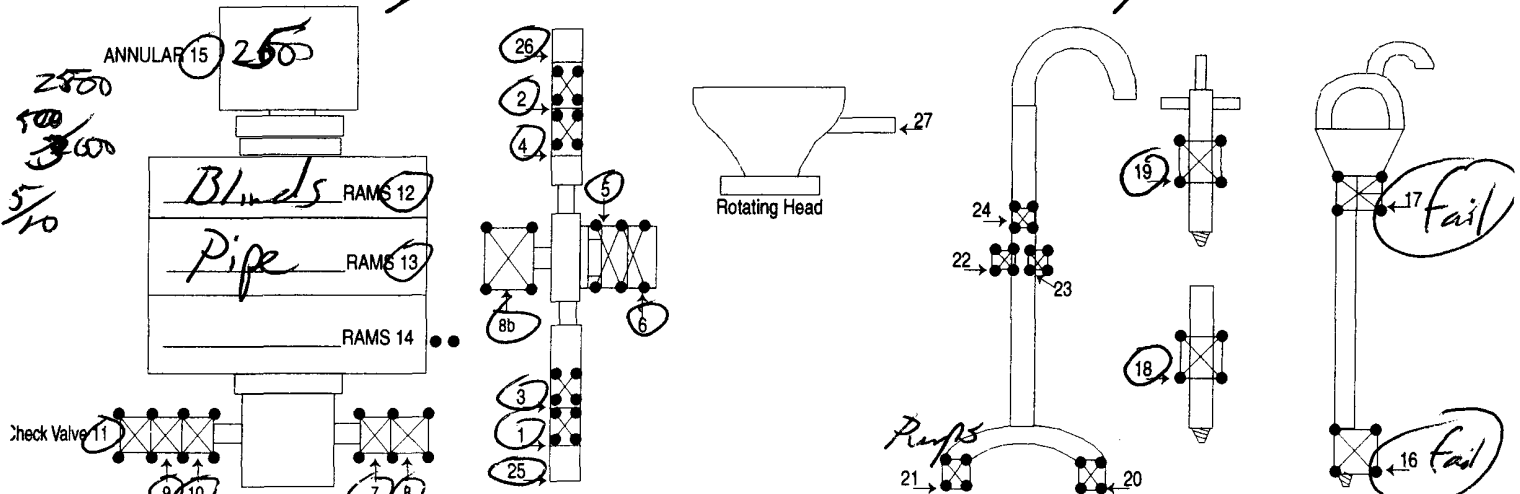
## WELDING SERVICES, INC.

P.O. Box 1541 • Lovington, N.M. 88260  
BUS: 505 396-4540 • FAX: 505 396-0044



INVOICE  
No B 5891

Company Mexbourne Date 10-5-06 Start Time 11:00 ☒ am ☐ pm  
Lease Pinebox #17 Fed #1 County EDDY State NM  
Company Man Rick Messenger  
Wellhead Vendor \_\_\_\_\_ Tester Neil Granath  
Drig. Contractor Patterson, UTI Rig # 48  
Tool Pusher Donnie Griffin  
Plug Type C-22 Plug Size 11" Drill Pipe Size 4 1/2" X 0  
Casing Valve Opened Yes Check Valve Open Yes



TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1	25, 26, 6, 11, 12	5/10	500	3,000	Blinds leaked - increased
2	1, 2, 5, 9, 12	5/10	500	3,000	Accumulator pressure. tested
3	3, 4, 5, 10, 12	5/10	500	3,000	Okay.
4	8, 10, 13	5/10	500	3,000	
5	8, 10, 13	5/10	500	3,000	Adjusted HCR. Tested Okay
6	7, 10, 13	5/10	500	3,000	
7	7, 10, 15	5/10	500	2,500	
8	<del>16</del> 16	<del>5/10</del>	<del>500</del>	<del>3,000</del>	Failed -> Lower Kelly on high
9	18	5/10	500	3,000	test
10	19	5/10	500	3,000	
					Upper Kelly would not close.
					Donnie has ordered new upper Kelly Valve

*Supl. Messy*

8 HR @ \$1000.00 = \$1000.00  
6 HR @ 100.00 = \$600.00  
Mileage 186 @ \$1.00 = \$186.00

SUB TOTAL \$1,786.00  
TAX \$96.00  
TOTAL \$1,882.00

**SPECIALIZING IN NEW AND EXPERIENCED EQUIPMENT  
VALVE AND CHOKE REPAIR**

30320

HOBBS, NEW MEXICO 88241-1588

10-506

Therese / 077

2.9 #48

P.O. BOX 17 E. 10m<sup>th</sup> L.

9

1. 1.1

**1 1/2% Per Month added to All Past Due Accounts.**

# MAN WELDING SERVICES, INC

Company Mewbourne Date 10-5-06  
Lease Pinebox # Fed #1 County Eddy  
Drilling Contractor B. Herson UTI #83 Plug & Drill Pipe Size 11" C-22 5 1/2" x 0

## 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** 1300 psi. **Test Fails if pressure is lower than 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.

---

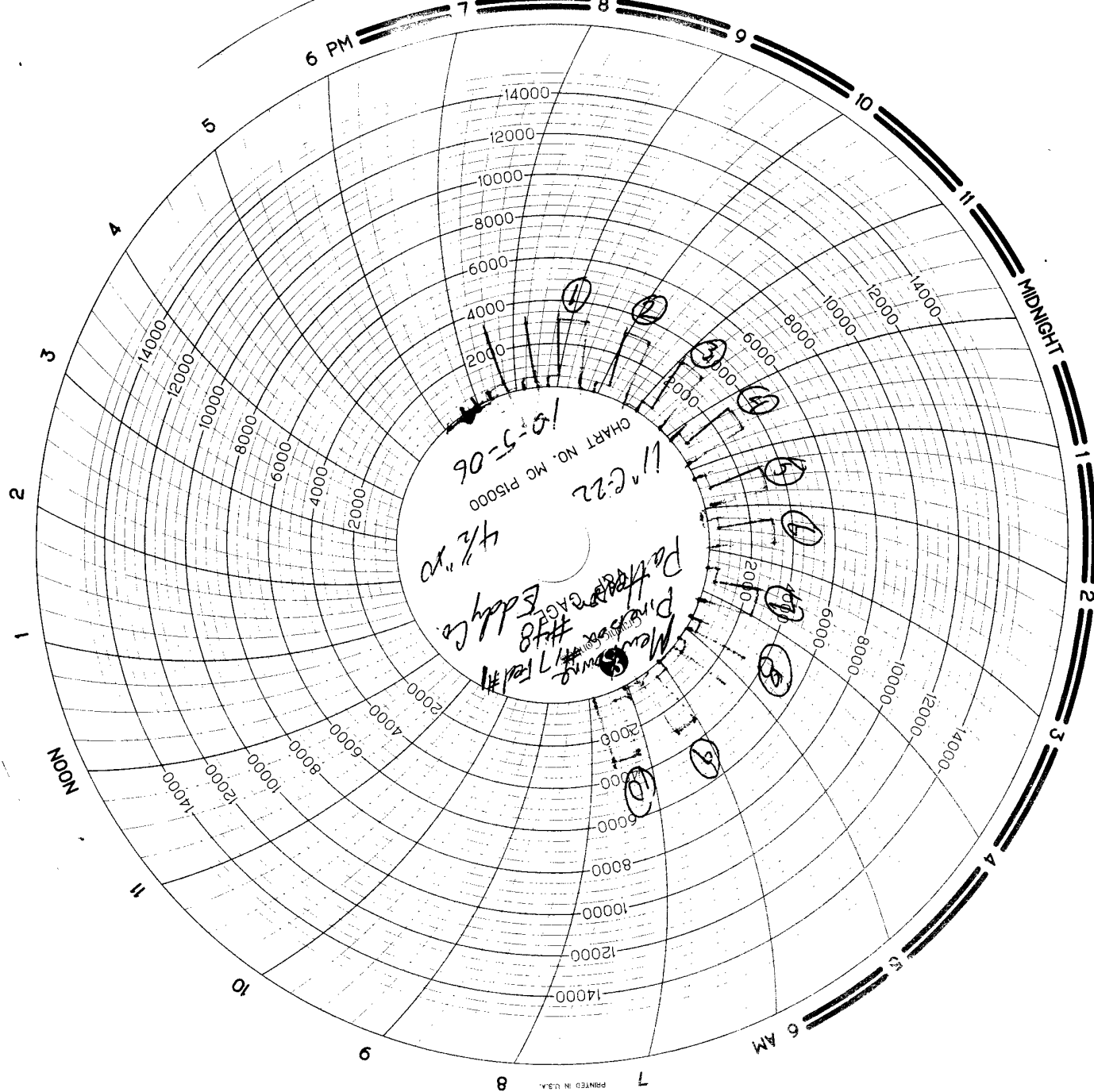
**To Check - PRECHARGE ON BOTTLES OR SPHERICAL** (III.A.2.d.)

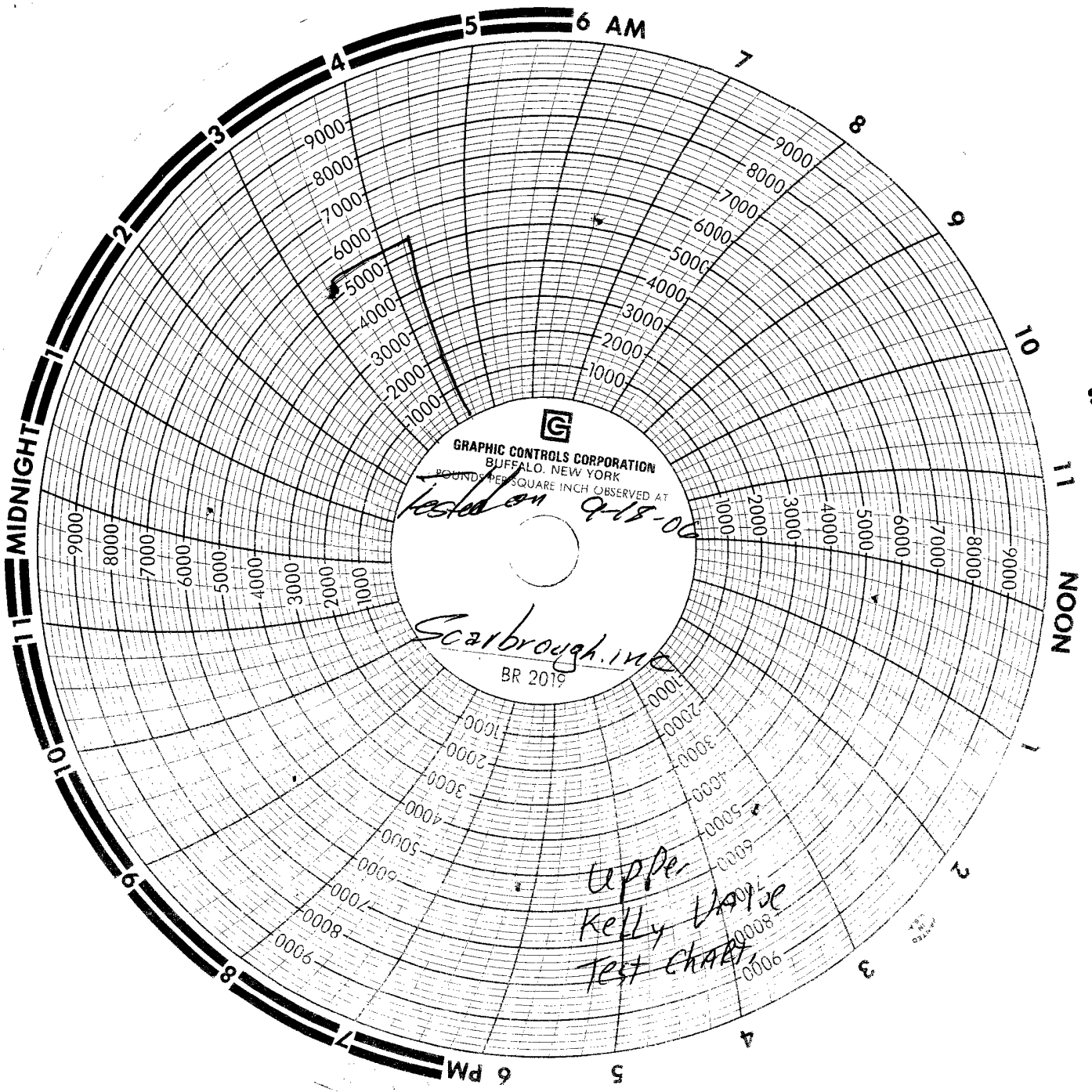
- Start with manifold pressure at, or above, maximum acceptable pre-charge pressure:
  - a. {800 psi for a 1500 psi system} b. {1100 psi for 2000 and 3000 psi system}
- 1. Open bleed line to the tank, slowly. (**gauge needle will drop at the lowest bottle pressure**)
- 2. Close bleed line. Barely bump electric pump and see what pressure the needle jumps up to.
- 3. **Record pressure drop** 750 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 0 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** 1:12. **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}



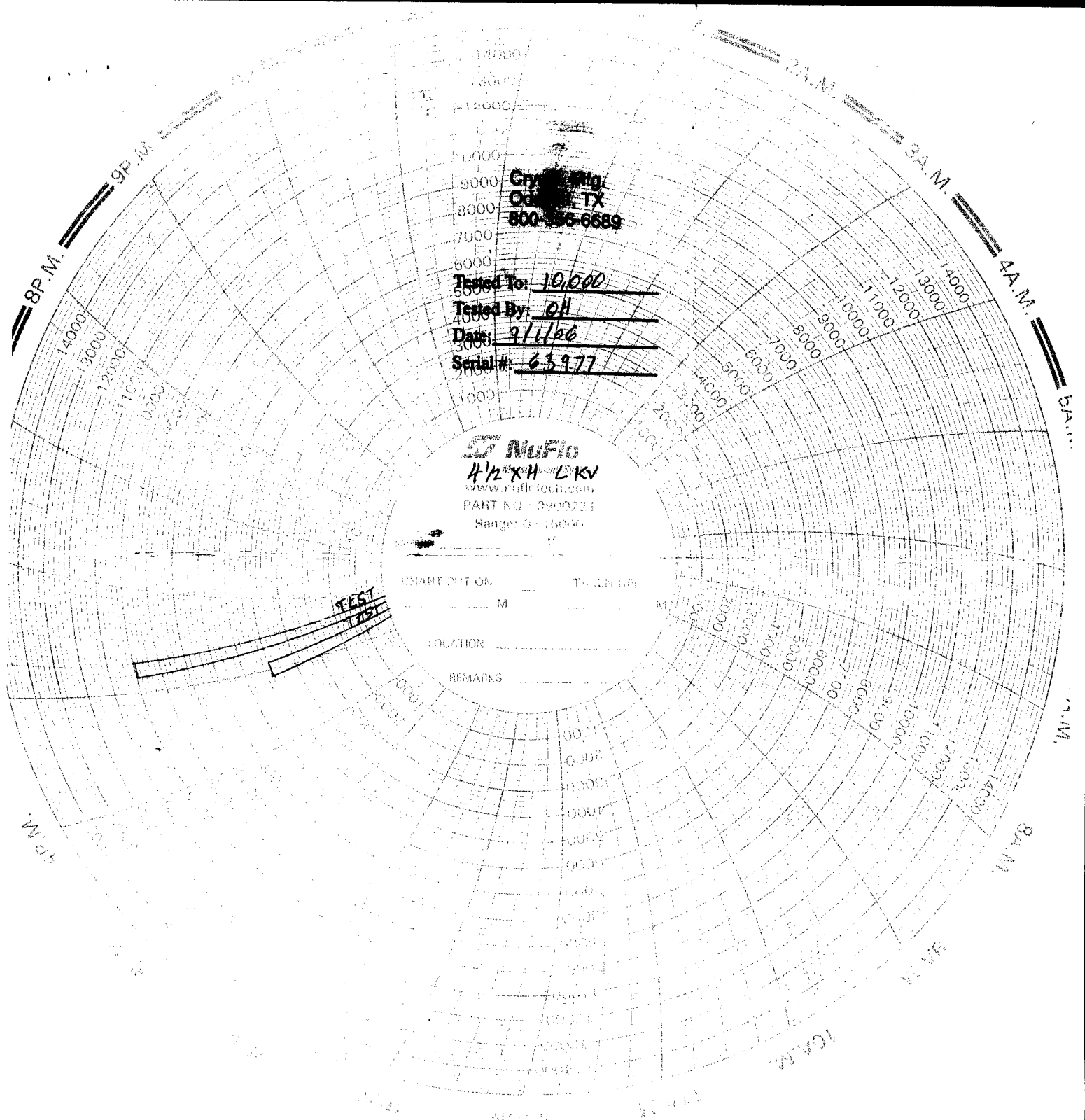


GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK  
POUNDS PER SQUARE INCH OBSERVED AT

tested on 9-18-06

Scarborough, Inc.  
BR 2019

Upper  
Kelly Valve  
Test chart



Lower Kelly Valve  
TEST CHART