Form 3160-5 (September 2001)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED OMB No. 1004-0135 Expires: January 31, 2004

	Expires.	Januar
Lease	Serial No	

5

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.

NMNM-117548

6. If Indian, Allottee or Tribe Name

abandoned well. Use Form 3160-3 (APD) for such proposals.				. If fildran, Another of Tribe Name			
	RIPLICATE - Other Instru		de .	7. If Unit or C	A/Agreement, Name	and/or No.	
1. Type of Well ☐ Oil Well ☐ Gas Well ☐ Other		AUG 02 2007 OCD-ARTESIA		8. Well Name and No.			
Oil Well Gas Well Other  2. Name of Operator		OCD AT		Lancaster 9 Federal Com #1			
Mewbourne Oil Company 14744		OD-ARTESIA	D-ARTESIA		9. API Well No.		
		3b. Phone No. (include area code)		30-015-35531			
PO Box 5270 Hobbs, NM 88240 5		505-393-5905		10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec., T, R., M., or Survey Description)					Happy Valley Morrow		
560' FNL & 660' FEL of Sec 9-T22S-R26E Unit A			V.		11. County or Parish, State  Eddy, NM		
12. CHECK API	PROPRIATE BOX(ES) TO	INDICATE NATURE	OF NOTICE, RE		OTHER DATA		
TYPE OF SUBMISSION		ТҮРЕ	OF ACTION				
Attach the Bond under which th	Acidize Alter Casing Casing Repair Change Plans Convert to Injection  ad Operation (clearly state all pertirectionally or recomplete horizontall he work will be performed or provolved operations. If the operation	y, give subsurface locations ar ride the Bond No. on file with	id measured and true BLM/BIA. Require	ndon  y proposed worl vertical depths of	of all pertinent marker ports shall be filed wi	ration thereces and zones thin 30 days	
0708/07TD'ed 8 1/2" hole @ 11: @ 12.5 /g w/1.95 yd. Tail with 5 lift pressure @ 2685# @ 3 BPM. 07/12/07Released rig at 10:00 a	550 sks Class H with additives. At 7:30 am on 07/11/07, teste am 07/11/07.	Mixed @ 15.1 /g w/1.28	yd. Plug down at.	ite Class H (3: 7-30 am;07/11/1/ 7/100k. Test th	07 WOCH 8 his Rigg spool pack-off to	es. Mixed	
			7.00-11				
14. I hereby certify that the foregoin Name (PrintedlTyped)	ng is true and correct	]					
Kristi Green	Title Hobbs	Title Hobbs Regulatory Asst					
Signature Toult	ti Gle	Date 07/19/	07				
	THIS SPACE FO	OR FEDERAL OR STAT	CHARLES CONTRACTOR OF THE CONTRACT OF THE CONT				
Approved by (Signature)		Name (Printed/	(Typed)	Ti	tle		
Conditions of approval, if any, are certify that the applicant holds lega which would entitle the applicant to c	al or equitable title to those right:	does not warrant or Office			Date		
Title 18 U.S.C. Section 1001 and Tit States any false, fictitious or fraudule	itle 43 U.S.C. Section 1212, make a ent statements or representations as	it a crime for any person know to any matter within its jurisd	vingly and willfully to	o make to any de	epartment or agency o	f the United	