

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)
1650' FNL & 990' FWL, Sec 10-T17S-R29E (Unit E)

5. Lease Serial No
NMLC-068722

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No
OXY Salamander Federal #1

9. API Well No
30-015-35770

10. Field and Pool, or Exploratory Area
Grayburg Morrow 77840

11. County or Parish, State
Eddy County, NM

SEP 25 2007

OCD-ARTESIA

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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>Change well name</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<u>and Operator</u>
	<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.)

Mewbourne Oil Company has received an approved APD on the above captioned well on 08/23/07.

MOC would like to change the operator from Oxy USA WTP Limited Partnership to Mewbourne Oil Company Approved NMOCD Change of Operator Form C145 dated 09/06/07 attached

MOC would also like to change the well name FROM the "OXY Salamander Federal #1" TO the "Salamander 10 Federal Com #1".
If you have any questions, please call 505-393-5905.

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

Kristi Green

Title Hobbs Regulatory

Signature

Kristi Green

Date 09/17/07

APPROVED

SEP 22 2007

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

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)

District II
1301 W. Grand Ave., Artesia, NM 88210
Phone: (505) 748-1283 Fax: (505) 748-9720

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-145
Permit 60290

Change of Operator

Previous Operator Information

OGRID: 192463
Name: OKY USA WTP LIMITED PARTNERSHIP
Address: PO Box 4294
Address:
City, State, Zip: Houston, TX 77210

New Operator Information

Effective Date: 9/1/2007
OGRID: 14744
Name: MEWBOURNE OIL CO
Address: PO BOX 5270
Address:
City, State, Zip: HOBBS, NM 88241

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information on this form and the certified list of wells is true to the best of my knowledge and belief.

Previous Operator

Signature: [Signature]
Printed Name: JOHN R. NICHOLAS
Title: RAT LEADER - FASNTOR
Date: 9-12-07 Phone: 432-685-5671

New Operator

Signature: [Signature]
Printed Name: Monty L. Whetstone
Title: Vice-President Operations
Date: 9/6/07 Phone: (903) 561-2900

NMOCD Approval

Electronic Signature: Carmen Reno, District 2
Date: September 10, 2007

Change to → Salamander "10" fed Com #1

From Operator OXY USA WTP LIMITED PARTNERSHIP OGRID 192463
To Operator MEWBOURNE OIL CO OGRID 14744
Wells Selected for Transfer, Permit 60290
Permit Status: APPROVED

OCD District: Artesia

Property Well	Lease Type	LLSTR	OCD Unit	API	Well Type	Pool ID	Pool Name
303857 OXY SALAMANDER FEDERAL #001	F	F-10-17S-29L	E	30-015-3577G	G	77840	GRAYBURG,MORROW (GAS)