

UNITED STATES
DEPARTMENT OF THE INTERIOR **OCD-ARTESIA**
BUREAU OF LAND MANAGEMENT

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 <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	OCT 02 2007	5. Lease Serial No. NMLC-068722
2. Name of Operator Mewbourne Oil Company 14744	OCD-ARTESIA	6. If Indian, Allottee or Tribe Name
3a. Address PO Box 5270 Hobbs, NM 88240	3b. Phone No. (include area code) 505-393-5905	7. If Unit or CA/Agreement, Name and/or No
4. Location of Well (Footage, Sec, T, R, M, or Survey Description) 1650' FNL & 990' FWL, Sec 10-T17S-R29E (Unit E)		8. Well Name and No Salamander 10 Federal Com #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

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 checked="" 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 type="checkbox"/> Other _____
	<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.)

Received an approved APD for the above captioned well on 08/23/07. After further geological review, MOC would like to change the surface casing depth from 450' to ~~300'~~ 375'. If you have any questions, please call Larry Sutton at 505-393-5905.

400

375' In The Rustler Anhydrite Above Top Of Salt
300' O.K.

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Kristi Green		Title Hobbs Regulatory
Signature <i>Kristi Green</i>		Date 09/24/07

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by (Signature) DAVID R. GLASS	Name (Printed/Typed) PETROLEUM ENGINEER	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		Date SEP 28 2007

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.

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