

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.
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

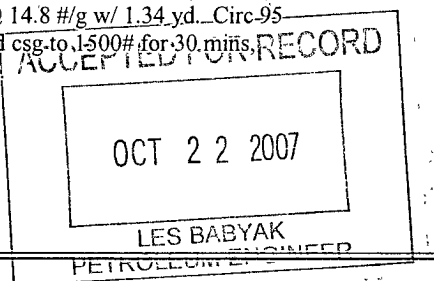
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 <u>Spud & BOPE test</u>
	<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 recompletion 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.)

09/29/07...MI & spud 17 1/2" hole. Ran 300' 13 3/8" 48# H40 ST&C csg. Cemented with 150 sks BJ Lite Class C (35:65:6) with additives. Mixed @ 12.5 #/g w/ 1.98 yd. Tail with 200 sks Class C with 2% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Circ 50 sks to pits. WOC 18 hrs. At 4:00 pm on 10/01/07, tested 13 3/8" casing to 1250# for 30 minutes, held OK. Drilled out with 12 1/4" bit.

10/06/07...TD'ed 12 1/4" hole @ 3015'. Ran 3015' 9 5/8" 40# N80/J55 LT&C Csg. Cemented with with 900 sks BJ Lite Class C (35:65:6) with additives. Mixed @ 12.5 /g w/ 1.96 yd. Tail with 400 sks Class C with 2% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Circ 95 sks to pit. WOC 18 hrs. Tested BOPE to 5000# and annular to 2500#. At 3:30 am 10/07/07, tested csg. to 1500# for 30 mins. held OK. Test formation to 12.5# MWE. Charts and schematic attached. Drilled out with 8 3/4" bit.



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

Kristi Green

Title Hobbs Regulatory

Signature

Kristi Green

Date 10/07/07

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)

MAN WELDING SERVICES, INC.

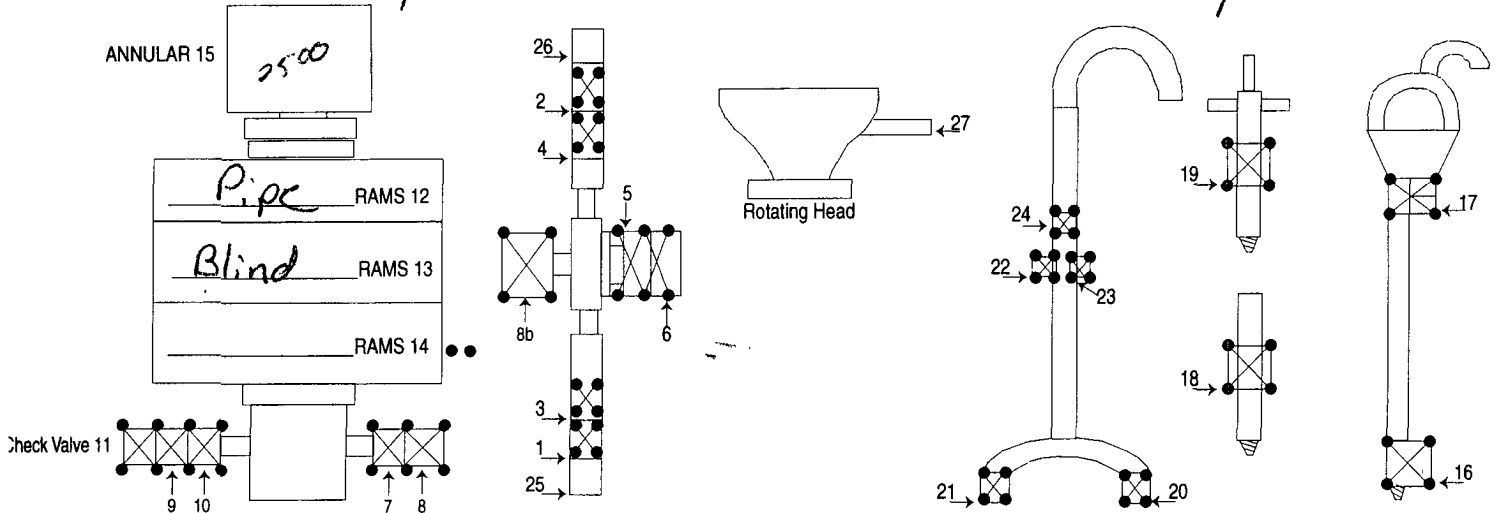
P.O. Box 1541 • Lovington, N.M. 88260
BUS: 505 396-4540 • FAX: 505 396-0044



INVOICE

B 7706

Company Newbourne Date 10-6-07 Start Time 4:30 ☐ am ☒ pm
Lease Salamanca "10" Fed Com #1 County Eddy State NM
Company Man _____
Wellhead Vendor _____ Tester Sean Miller
Drig. Contractor Patterson Rig # 41
Tool Pusher _____
Plug Type C-22 Plug Size 11" Drill Pipe Size 4 1/2" x 41
Casing Valve Opened yes Check Valve Open yes



TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1	6, 25, 26, 10, 13	5		5000	
2	5, 1, 2, 9, 13	5		5000	
3	5, 3, 4, 11, 13	5		5000	
4	8b, 11, 12	5		5000	
5	8, 11, 12	5		5000	
6	7, 11, 12	5		5000	
7	7, 11, 15	5		2500	
8	17	5		5000	
9	16	5		5000	
10	18	5		5000	
11	19	5		5000	

8 HR @ \$1000 1000
HR @ _____
Mileage 102 @ \$1 102

SUB TOTAL \$1,102
TAX 59.23
TOTAL 1,161.23

MAN WELDING SERVICES, INC

Company McBee Date 10-6-07
Lease Salamander "10" Fed. Com #1 County Eddy
Drilling Contractor Patterson 91 Plug & Drill Pipe Size C-22 11" 4 1/2" x 4

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** 1600 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** 1350 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** min 37 sec. **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}

