Form 3160-5 (September 2001)

(Continued on next page)

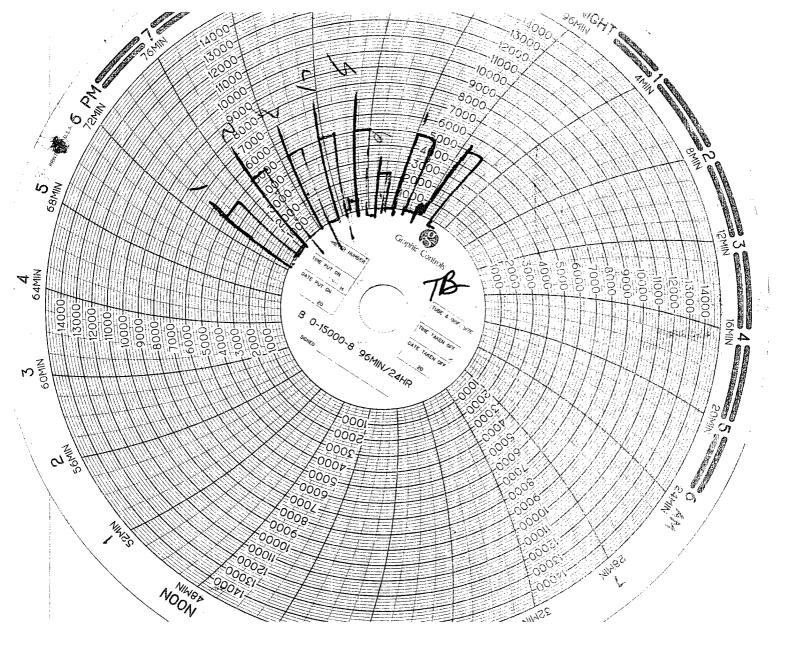
Oil Cons. N.M. DIV-Dist. 2 **UNITED STATES**

DEPARTMENT OF THE INTERSOR W. Grand Avenue BUREAU OF LAND MANAGEMENTesia, NM 88210

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. 5. Lease Serial No. NMNM-0144698 6. If Indian, Allottee or Tribe Name

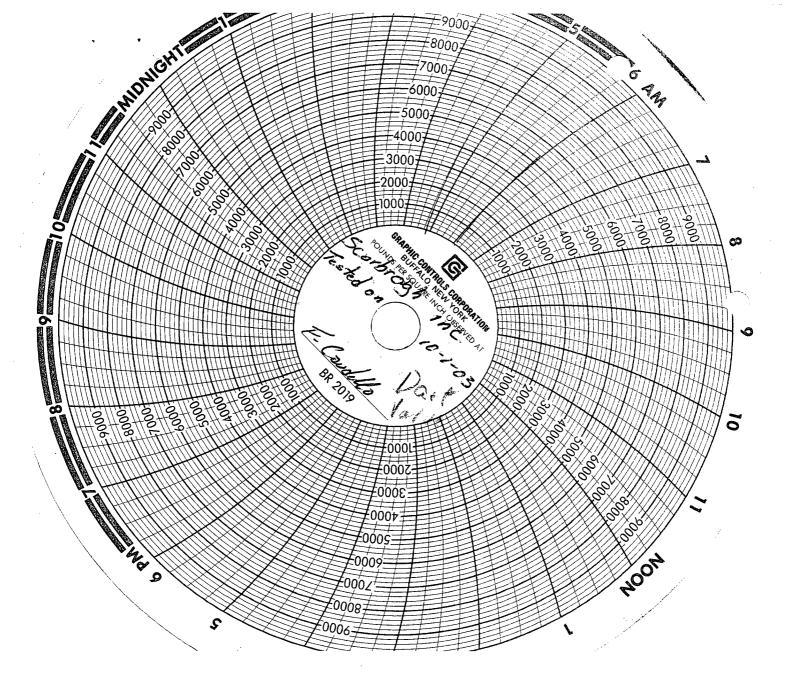
	,				
SUBMIT IN TR	PLICATE - Other instruc	tions on revers	e:side	7. If Unit or CA/A	greement, Name and/or No.
1. Type of Well				33019	
	Other			8. Well Name and	No.
2. Name of Operator			RECEIVED	Colt 6 Federal #1	l
Mewbourne Oil Company 1474	4			9. API Well No.	
3a. Address		3b. Phone No. (include	(Povreg cadado)	30-015-33041	
PO Box 5270 Hobbs, NM 882	40	505-393-5905	DARTEON.	_	or Exploratory Area
4. Location of Well (Footage, Sec.,	T, R., M., or Survey Description)	OC	D-ARTESIA	East Burton Flat	
1980' FSL & 1650' FEL, Unit Letter J of Sec 6-T20S-R29E					sn, State
1,500 152 & 1050 12B, 6M12	Eddy County, N	M			
12. CHECK API	PROPRIATE BOX(ES) TO	INDICATE NATU	JRE OF NOTICE, R		
TYPE OF SUBMISSION		T	YPE OF ACTION		
	Acidize [Deepen	Production (Star	t/Pasuma) D V	Water Shut-Off
Notice of Intent	Alter Casing	Fracture Treat	Reclamation	- · · · · =	Well Integrity
	Casing Repair	New Construction	Recomplete		Other Csg Jobs
Subsequent Report	Change Plans	Plug and Abandon	Temporarily Ab		
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal		
@ 14.8 #/g w/ 1.32 yd w/ 4% CaCl2. Mixed	• •	itives. Mixed @ 12.5 Survey. TOC @ 150 0 sks to pit. WOC 18	5 #/g w/ 1.96 yd. Tail v 00'. Ran 5 - 1" plugs fr 3 hrs. Charts and schematic	w/ 200 sks Class "Com 1500' to surface attached. ACCEPTED F NOV 1	" w/ 2% CaCl2. Mixed . Used 450 sks Class C
14. 1 hereby certify that the foregoir Name (PrintedlTpped)	ng is true and correct			LES B	ABYAK
NM Young		Title	Hobbs District Manag		M ENGINEER
Trivi Tourig Wallet			TIOOOS DISTINCT WANAGE	301	
Signature		Date	11/05/03		
	THIS SPACE FO	ORFEDERALOR	STATE OFFICE US		
Approved by (Signature)			Name (Printed/Typed)	Title	
Conditions of approval, if any, are certify that the applicant holds leg which would entitle the applicant to	al or equitable title to those right		Office		Date
Title 18 U.S.C. Section 1001 and Ti States any false, fictitious or fraudul				y to make to any depa	rtment or agency of the United



RECEIVED

NOV 1 4 7003

OCD-ARTESIA



RECEIVED
NOV 1 4 7003
OCD-ARTESIA

MAN WELDING SERVICE

(505) 396-4540

INVOICE NO 8-22 79

Company Me W Gov Me Lease Company Man Wellhead Vender Drig. Contractor				: 	County <u>Code</u>	
Wellhead Vender Drig. Contractor				"		- (
	· · · · · · · · · · · · · · · · · · ·	4				·····•
			Tester D	ylon		
					Rig #	Life of
Tool Pusher				··		
Plug Type C - 2 2		Plu	ıg Size <u></u>	<u></u>	_Drill Pipe Size	<u> </u>
Casing Valve Opened				Check Valve Oper	1	
ANNULAR 15 Page RAMS 12 Bloom RAMS 13 RAMS 14	26 2 4 4 8b	Rotating Hea		24	18	
Adve 11 9 10 7 8 TEST # ITEMS TESTED	1 TEST LENGTH	LOW PSI	HIGH PSI	21,	REMARKS	
1 10.13.26.25.6	19 /5		5000		- · · · · · · · · · · · · · · · · · · ·	
2 9,3216	1/2		Swo			
3 11.34 613	1/2		5000			
4 12,10.8	15		5000			
5 12,107	15		Soci			
6 15.10.7	15		25an	·		
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8 HR@ 900					SUB TOTAL	900
HR@ Mileage @					TAX, TOTAL	7/5/