Submit 3 Copies To Appropriate District Office <u>District I</u> 1625 N. French Dr , Hobbs, NM 88240  District II	State of New Me Energy, Minerals and Natu	ral Resources	,IIII 17 2009 WELL API NO. 30-0	Form C-103 June 19, 2008 15-37122
1301 W. Grand Ave , Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr , Santa Fe, NM 87505	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		5. Indicate Type of Lea STATE  6. State Oil & Gas Lea	FEE X
(DO NOT USE THIS FORM FOR PROPO	CES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLU CATION FOR PERMIT" (FORM C-101) FO	JG BACK TO A	7. Lease Name or Unit Long Draw 9 K	Agreement Name
·	Gas Well  Other		8. Well Number 1	
2. Name of Operator			9. OGRID Number	
Mewbourne Oil Company			14744 10. Pool name or Wildo	
3. Address of Operator PO Box 5270, Hobbs, NM 88241			Undesignated Yeso	cat
4. Well Location			Chacoignated 1 000	
Unit Letter K: 165	o feet from the South	line and 2310	feet from the Wes	t line
Section 9			leet from the wes	
Section 9	11. Elevation (Show whether DR,			
	3464' G	TAND, RIT, GR, CIC.		
12. Check A	Appropriate Box to Indicate Na	ature of Notice.	Report or Other Data	
			-	
NOTICE OF IN			SEQUENT REPOR	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		RING CASING
TEMPORARILY ABANDON	CHANGE PLANS   MULTIPLE COMPL	COMMENCE DRI		DA 📙
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL	CASING/CEMENT	1 306 🖂	
DOWN TOLL COMMINGEL				
OTHER:		OTHER: Change	e Well Name	×
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
Mewbourne Oil Company has applied for and received an approved APD on the above captioned well on 06/17/2009. After further review, MOC would like to change the Well name to the FNB Albuquerque A 9K #1. If you have any questions, please call (575) 393-5905.				
I hereby certify that the information	above is true and complete to the be	st of my knowledge	e and belief.	e e e e e e e e e e e e e e e e e e e
	•			*
SIGNATURE Jackie	gthanTITLE_Hobb	s Regulatory	DATE_07/	/14/09
Type or print name _Jackie Lathan_ For State Use Only	E-mail address:	_jlathan@mewbou	rne.com PHONE: 5	75-393-5905
APPROVED BY:	TITLE (	Jologist	DATE	7/23/09
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