Form 3160-5 _ (September 2901)

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

OMB N Expires: Ja

6. If Indian, Allottee or Tribe Name

5. Lease Serial No.

NM-7752

FORM

APPROVED o. 1004-0135 anuary 31, 2004	RM

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.

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SUBMIT IN TR	IPLICATE - Other Instru	uctions on reve	rse side	7 If Unit	or CA/Ag/Aginent, Name land/or No	
1 Type of Well	_	- 1064-99 A	S S 3 4 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		NMOCD ARTESIA	
Oil Well Gas Well	Other			8 Well N	lame and No	
2 Name of Operator					k 1 Fed Com #1	
Mewbourne Oil Company 14744 3a Address 3b Phone No. (include area code)			9. API Well No.			
		3b Phone No. (include area code)			30-015-30631 10 Field and Pool, or Exploratory Area	
PO Box 5270 Hobbs, NM 88241 575-393-5905 4 Location of Well (Footage, Sec., T, R, M, or Survey Description)				rg Morrow		
4 Location of well (rootage, Sec., 1, R, M, or Survey Description)			11. County or Parish, State			
660' FSL & 1730' FEL, Sec 1-1	Γ17S-R29E Unit Letter O			Eddy Co	ounty, NM	
12. CHECK API	PROPRIATE BOX(ES) TO) INDICATE NA	TURE OF NOTIO	CE, REPORT, C	OR OTHER DATA	
TYPE OF SUBMISSION			TYPE OF ACTIO	N		
☐ Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Production	on (Start/Resume)	Water Shut-Off Well Integrity	
Subsequent Report	Casing Repair	New Construction	on Recomple	ete	Other Completion Sundry	
	Change Plans	Plug and Aband	lon 🔲 Tempora	rıly Abandon		
Final Abandonment Notice	Convert to Injection	Plug Back	☐ Water D₁	sposal		
testing has been completed. Fin determined that the site is ready 02/28/10 Run CBL, GR & CCL. 03/06/10 Frac with 1500 gals 7 1 03/10/10 MIRU completion unit 03/12/10 RIH w/2 3/8" 4.7# L80 03/13/10 Put well on production.	for final inspection.) Perforate Lower Morrow @ /2% HCl, 64500 gals 40# 70C t. tbg to 10769'.	10884' - 10924' sel	ectively 14', 30 hole	ACCEPTE		
14 I hereby certify that the foregoin Name (PrintedlTyped)	g is true and correct		,			
Jackie Lathan		Title	Hobbs Regulator	у		
Signature Ocki	e Eathan	Date	° 03/16/10	-		
	THIS SPACE F	OR FEDERAL O	R STATE OFFICE	USE		
Approved by (Signature)	·		Name (Printed/Typed)		Title	
Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant to complete the applicant to complete the applicant to complete the applicant to complete the applicant to comp	al or equitable title to those righ	te does not warrant o	r Office		D ate	