Form 3160-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

OCD Artesia

FORM APPROVED OMB No. 1004-0135 Expires January 31, 2004

5	Lease	Serial	No.

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.

NMNM-0209083				
6	If Indian	Allottee o	r Trihe Name	

SUBMIT IN TR	IPLICATE - Other Instru	ctions on reve	rse side	7. If Unit or CA	/Agreement, Name and/or No.	
1. Type of Well Oil Well Gas Well	Other			8. Well Name a	and No.	
2. Name of Operator				Burton 4 Fede	ral #3H	
Mewbourne Oil Company 147	44		DEALIVE	9. API Well No).	
3a. Address		3b. Phone No. include area ocate) VED		80-015-37816		
PO Box 5270 Hobbs, NM 88		575-393-5905	AHC 1 0 2010	1 1	ol, or Exploratory Area	
4. Location of Well (Footage, Sec.,	T, R., M., or Survey Description)		AUG I 9 ZUIU	1. County or Pa	Spring 49622	—
810' FNL & 200' FEL, Sec 4-T2	0S-R29E Unit A (SL)	<u> N</u>	IMOCD ARTESI			
12. CHECK AP	PROPRIATE BOX(ES) TO	INDICATE NA	TURE OF NOTICE, R	EPORT, OR O	THER DATA	
TYPE OF SUBMISSION			TYPE OF ACTION			
☐ Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Production (Star	rt/Resume)	Water Shut-Off Well Integrity	_
✓ Subsequent Report	Casing Repair	New Construction	n Recomplete	\square	Other Csg & cmt	_
	Change Plans	Plug and Aband	on 🔲 Temporarily At	oandon		_
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal			_
determined that the site is ready 07/06/10TD'ed 6 1/8" hole @ w/1.29 yd. Plug dov) 12252'. Ran 12252' 4 ½" 11.6 wn at 3:45 am 07/05/10. Slow 1 /10, tested csg to 1750# for 30 m	# HCP110 LT&C rate lift pressure @	csg. Cement w/650 sks. 1200# @ 3 BPM. WOO twellhead slips w/80k. T	Class H with addi	tives. Mixed @ 15.1 /g ey indicating TOC @ 7000'. c off to 3000#. R RECORD 2010 er Hall	
14. 1 hereby certify that the foregoing Name (PrintedlTyped)	g is true and correct				D OFFICE	=
Jackie Lathan		Title	Hobbs Regulatory			
Signature	Lathan	Date	07/12/10			_
	THIS SPACE FO	R FEDERAL OF	STATE OFFICE USE			
Approved by (Signature)			Name (Printed/Typed)	Title		_
Conditions of approval, if any, are certify that the applicant holds lega which would entitle the applicant to c	attached. Approval of this notice I or equitable title to those rights onduct operations thereon.	does not warrant or in the subject lease	Office		D ate	_
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