Form 3160-5 (September 2001)

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

SUNDRY NOTICES AND REPORTS ON WELLS

**OCD Artesia** 

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

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5.	Lease	Serial	No.	

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NM-83066

abandoned w	If Indian, Allottee or Tribe Name  7. If Unit or CA/Agreement, Name and/or No.				
SUBMIT IN TR					
1. Type of Well  Oil Well Gas Well	8. Well Name and				
<ol> <li>Name of Operator</li> <li>Mewbourne Oil Company</li> </ol>	1744			Crow Flats 28 Fee	d #3H
3a. Address	1/44	3b. Phone No. (include area code)		30-015-36972	
		1		10. Field and Pool, or Exploratory Area	
PO Box 5270 Hobbs, NM 88 4. Location of Well (Footage, Sec.,		575-393-5905		Dog Canyon Wo	i i
4. Education of Well (Poolage, Sec.,				11. County or Parish	
(SL)1800' FNL & 450' FWL (BHL) 1670' FNL & 330' FEL	Sec 28, T16S, R28E Unit E Sec 28, T16S, R28E Unit H			Eddy	
12. CHECK AP	PROPRIATE BOX(ES) TO	INDICATE NAT	URE OF NOTICE, R	EPORT, OR OTH	ER DATA
TYPE OF SUBMISSION			TYPE OF ACTION		
Attach the Bond under which the following completion of the investing has been completed. Fir determined that the site is ready  Mewbourne Oil Company has Crow Flats 28 Fed #10H.  If you have any questions please SUBJECT TO APPROVAL 1	ctionally or recomplete horizontally he work will be performed or provized operations. If the operation real Abandonment Notices shall be for final inspection.)  received an approved APD for the second Mickey Young @ 575-39  LIKE BY STATE	, give subsurface loca de the Bond No. on f esults in a multiple co ïled only after all req he above captioned	Temporarily Ab Water Disposal estimated starting date of a tions and measured and tru ile with BLM/BIA. Requir impletion or recompletion i uirements, including reclai	andon  ny proposed work and e vertical depths of all ed subsequent reports in a new interval, a Formation, have been community to change the well nationally and the community of the change the well nationally and the change th	pertinent markers and zones shall be filed within 30 day m 3160-4 shall be filed onc apleted, and the operator ha
<ol> <li>14. 1 hereby certify that the foregoir Name (PrintedlTyped)</li> <li>Jackie Lathan</li> </ol>	ng is true and correct	Title 1	Hobbs Regulatory		
Jackie Laillall		1	1000s Regulatory		
Signature	Lie Latha	Date 1	10/13/10		
	THIS SPACE FO	R FEDERAL OR	STATE OFFICE USE	The State of	Committee of the Commit
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	attached. Approval of this notice al or equitable title to those rights conduct operations thereon.	does not warrant or in the subject lease	Office		D ate

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.