Form 3160-5 (September 2001)

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT 301 W. Grand Avenue

STATE ON WEATERSIA, NM 88210

ONLY OF Lease Serial No.

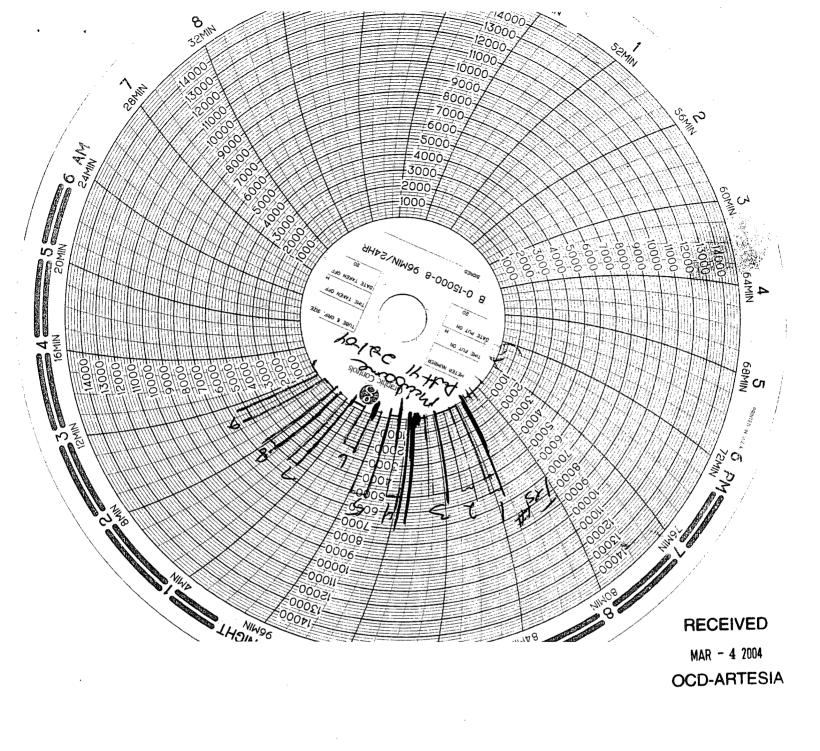
ONLY OF LAND REPORTS ON WEATERSIA, NM 88210

ONLY OF LAND REPORTS ON WEATERSIAN AND REPORTS ON WEATERS ON

	SUNDRY	NOTICE	S AND REPORTS	ON WEALTHESIA, NIM	
Do I	not use thi	s form for	proposals to drill	or to re-enter an	

Do not use thi abandoned we	s form for proposals to (II. Use Form 3160-3 (APD)	for such pr	-enter an oposais.		6. If Indian, A	llottee or	Tribe Name	_
	PLICATE⇒Other instru	ctions on r		e RECEIVED		CA/Agreer	ment, Name and/or No.	_
1. Type of Well	l au				33301			_
Oil Well Gas Well	Other			MAR - 4 2004	8. Well Name			
 Name of Operator Mewbourne Oil Company 1474 	1		00	D-ARTESI	Avalon Lake	e "31" Fe	ederal #1	_
Ba. Address		3b. Phone No	. (include area		30-015-331			
DO D 5070 - 11-11 - NR 6 000	40	1			10. Field and Pool, or Exploratory Area			
PO Box 5270 Hobbs, NM 882 4. Location of Well (Footage, Sec.,		505-393-590	3		Burton Flat		-	
Location of wen problege, sec.,	1, 1C, M., Or Burvey Description)				11. County or			duration thereo- kers and zones. within 30 days all be filed once he operator has w/ additives. led w/ 200 sks ges using RECORD
1650' FSL &1123' FWL, Sec 3	1-T20S-R28E							
****					Eddy Coun	ty, NM		_
12. CHECK API	PROPRIATE BOX(ES) TO	INDICATE	NATURE (OF NOTICE, RI	EPORT, OR	OTHER	RDATA	_
TYPE OF SUBMISSION			TYPE (OF ACTION				
	Acidize	Deepen		Production (Start	/Resume) [Wate	r Shut-Off	
Notice of Intent	Alter Casing	Fracture Tr	eat 🔲	Reclamation	Ţ	Well	Integrity	
Subsequent Report	Casing Repair	New Const	ruction	Recomplete	[Othe:	r Csg Job & BOPE	
	Change Plans	Plug and A	bandon 🔲	Temporarily Aba	andon	Test	t	_
Final Abandonment Notice	Convert to Injection	Plug Back		Water Disposal				_
determined that the site is ready: 02/21/04TD'ed 12 1/4" hole @ Mixed @ 14.6 #/g w/ Class "C" w/2% CaCl Class "C" w/CaCl2 14. Cmt w/100 sks Class " Cmt w/100 sks Class " Cmt w/150 sks Class "	for final inspection.) 2507. Ran 2507. 9 5/8" 40# J 1.52 yd. Followed w/700 sks 3 2. Mixed @ 14.8 #/g w/ 1.32 y .8#g w/1.32 yd. C" Neat w/5% CaCl2. WOC. C" Neat w/5% CaCl2. WOC. C" Neat w/5% CaCl2. Tag @ C" Neat w/5% CaCl2. Circula	755 & N80 LTd 35:65:6 Poz "C yd. Did not cin Tag @ 907' Tag @ 746' 398' ated 10 sks cen	&C Csg. Cen " w/1% CaC c cement. Ra	nented w/ 300 sks 12 w/additives. M n temperature sur	Class "H" Th fixed @ 12.5 # vey. TOC @	ixsad 1% fg w/1.96 1120'. 1 EPTEC	6 CaCl2 w/ additives. 5 yd. Tailed w/ 200 sk	cs
14. I hereby certify that the foregoin Name (PrintedlTyped)	ng is true and correct							_
NM Young	1		Title Hobb	s District Manage	er			
Signature M	//		Date 02/24	<u></u>				
	THIS SPACE F	OR FEDERA	L OR STAT	E OFFICE USE				
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 right conduct operations thereon.	e does not warn ts in the subject	ant or lease				Date	

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.



WELDING SERVICES, INC. P.O. Box 1541 • Lovington, N.M. 88260 BUS: 505 396-4540 • FAX: 505 396-0044

Mileage____



INVOICE Nº B 2432

	Meubourne			_ Date	70-16-04	_Start Time_6:3C) am □ pn
	Asalon Lake "31"	Fel #1				County Eddy	_State
Company				- 3.	Or !		
Wellhead	tractor Pallerson			Tester	Cach	Di- # 4/	,
	Tool Pusher				, , , , , , , , , , , , , , , , , , , ,	Rig #	<i>f</i>
	(- 2 Z		Pli	ıg Size <u>/</u>	/ ^{('}	Drill Pipe Size 45	X4
	alve Opened			•	Check Valve Open_	, , , , , , , , , , , , , , , , , , ,	<i>n</i> / ·
ANNUL		2 <u>6</u>					
eck Valve 11	P.PC RAMS 12 RAMS 13 RAMS 14	2	Rotating	Head	24 22 23	19.	7
	9 10 7 8	25			21	20	416
TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	+10	HCR IN Le	
		15min		5,000		HCR UNG	
2	10.13 6,1,2	15min		5,000			
3	11, 13 6, 3,4	15min		5,00	***************************************		
6/	11, 12, 8	15min		5,000			
5	11.7.12	1500		5,000			
6	11, 7, 13	1500		2500			
7	12	1500		5,000			
8	16	15000		5,000			
9	17	15min		5,000			
10	19						
				/	b //		
			-/1	-	· K		· · · · · · · · · · · · · · · · · · ·
9	HR@	1		went.	l	SUB TOTAL_	900.00
	HR@						47.25
Mileage_	@						77.25

SCARBROUGH, INC.

SPECIALIZING IN NEW AND EXPERIENCED EQUIPMENT VALVE AND CHOKE REPAIR

DELIVERY TICKET

P. O. BOX 1588

PHONE (505) 397-1312 **HOBBS. NEW MEXICO 88241-1588**

No 24209

DATE 2-20-04 **MAILING ADDRESS** MewBOURNE CITY, STATE, ZIP ORDERED BY QUANTITY **ORDERED** UNIT PRICE **AMOUNT** 1800 1100 1100 TOTAL