Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources Department		Form C-103 Revised 1-1-89		
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		WELL API NO. 30-015-26628 5. Indicate Type of Lease			
		SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PFIOPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name - HALDEMAN
1. Type of Well: OL OAS WELL WELL OTHER					
2. Name of Operator Mewbourne Oil Company			8. Well No.		
3. Address of Operator			9. Pool name or V	Wildcat Farms Morro	
P. O. Box 7698, T.		`.`.`.`.`.`.`.`.`.`.`.`.`.`.`.`.`.			
Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line					
Section 14	10. Elevation (Show whether 1	DF, RKB, RT, GR, etc.) 323, 5' GR	NMPM	Eddy	County
11. Check NOTICE OF IN	Appropriate Box to Indicate N TENTION TO:		SEQUENT F		
		REMEDIAL WORK		ALTERING CASING	
	CHANGE PLANS	COMMENCE DRILLIN		PLUG AND ABANDON	
		CASING TEST AND C			
OTHER:		OTHER:			[]
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed					
400 sxs Class returns. Dro cement to pit followed by 1	.5 & 11.6# J-55 & N-80 o stage with 600 sxs lite "H" + 5% KCL + 4/10% Ha pped bomb at 8:15 PM. Op . Cemented 2nd stage a 00 sxs Class "H". PD to . WOC 18 hrs.	+ ¼# Flocele + alad 22A + 3/10 pened ports at t 2:00 AM with	4/10% Hala % CFR-3. PD 8:30 PM w/14 1000 sxs Li	d 22A followed at 8:10 PM. Fu 400#. Circ 150 te + ½# Flocele	by ull sxs e
to 1500# for	t to top of DV tool at 10 mins. Held okay.				
4/22/91 - Perf Morrow 8 perfs w/3000	496-8502' & 8508-8526'. gals MOD-101 acid with	24' x 40 holes 1000 SCF/bbl N2	, 2 SPF. 2 carrying 7	Halliburton bro 5 ball sealers	oke down •
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE Curfore	thompson m	Engr. Oprns.	<u>Secretary</u>	date 5/17/	91
TYPE OR PRINT NAME	/			TELEPHONE NO.	

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MAY 2 8 1991

(This space for State Use)	ORIGINAL SIGNED BY
APPROVED BY	MIKE WILLIAMS - Supervisor, district II TTTE

CONDITIONS OF APPROVAL, IF ANY:

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