

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION FORM APPROVED
Drawer DD
Artesia, NM 88210
Budget Bureau No. 19-0-0-0
Form No. 316-65

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.
NM 81606 **53**

6. If Indian, Allotment or Tribal Name

7. If Unit or CA, Agreement Designation

SUBMIT IN TRIPLICATE

RECEIVED

1. Type of Well
 Oil Well Gas Well Other

AUG 10 '94

8. Well Name and No.
Federal "Q" #1

2. Name of Operator
Mewbourne Oil Company

**O. C. D.
ARTESIA, OFFICE**

9. API Well No.
30-015-26246

3. Address and Telephone No.
P.O. Box 5270 Hobbs, New Mexico 88240 (505) 393-5905

10. Field and Pool, or Exploratory Area
Avalon Atoka

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
660' FWL & 990' FSL
Sec. 28-T20S-R27E

11. County or Parish, State
Eddy Co., N.M.

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Change of Gas Transport</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Dispose Water

(Note. Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

The Federal "Q" #1 is now connected to GPM. As of July 15, 1994 all gas sales will be through this connection.

RECEIVED
JUL 16 11 00 AM '94
ARTESIA

SJS

14. I hereby certify that the foregoing is true and correct

Signed [Signature]
(This space for Federal or State Office use)

Title District Manager

Date 07/15/94

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

Title 18 U.S.C. Section 1001, makes 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.

*See instruction on Reverse Side