

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

CSF

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

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Mewbourne Oil Company 14744

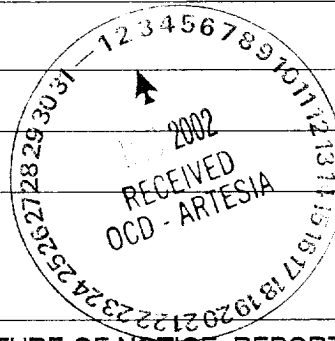
3. Address and Telephone No.

PO Box 5270, Hobbs, NM 88241

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

990'FSL & 660' FWL. Sec.5 T-20S R-29E

UT. M



5. Lease Designation and Serial No.

NM-0144698

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Gatuna Canyon 5 Federal 1

9. API Well No.

30-015-32521

10. Field and Pool, or Exploratory Area

Burton Flats East Morrow

11. County or Parish, State

Eddy, NM

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

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other BOP Testing
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

Mewbourne Oil Company request a BOP test with the rig pump to 2000 psi after setting 8 5/8" casing. Then, the trip before the Wolfcamp, MOC will test all BOP equipment with 3rd party as required.

If any questions, please call.

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

Signed [Signature] Title N.M. Young District Manager Date 11/26/02
(This space for Federal or State office use)

Approved by [Signature] Title _____ Date _____
Conditions of approval, if any:

NOV 27 2002

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