

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-29749

5. Indicate Type of Lease

Federal

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

NM - 0554967

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER

Injection

2. Name of Operator

Mewbourne Oil Company

3. Address of Operator

P.O. Box 5270 Hobbs, New Mexico 88241 (505) 393-5905

4. Well Location

Unit Letter K : 1950 Feet From The South Line and 1980 Feet From The West Line

Section 23

Township 18S

Range 32E

NMPM

Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

N/A

11.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Casing-Tubing Annulus Test ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

09/21/92

Pressure test casing-tubing annulus to 340# and held for 15 minutes.
No communication to tubing. Witnessed by B. Hill. See attached chart.

PKR 8260' Perfs: 8343-8515'

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

R. A. Jones

TITLE

Engineer

DATE

09/25/92

TYPE OR PRINT NAME

Robert A. Jones

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

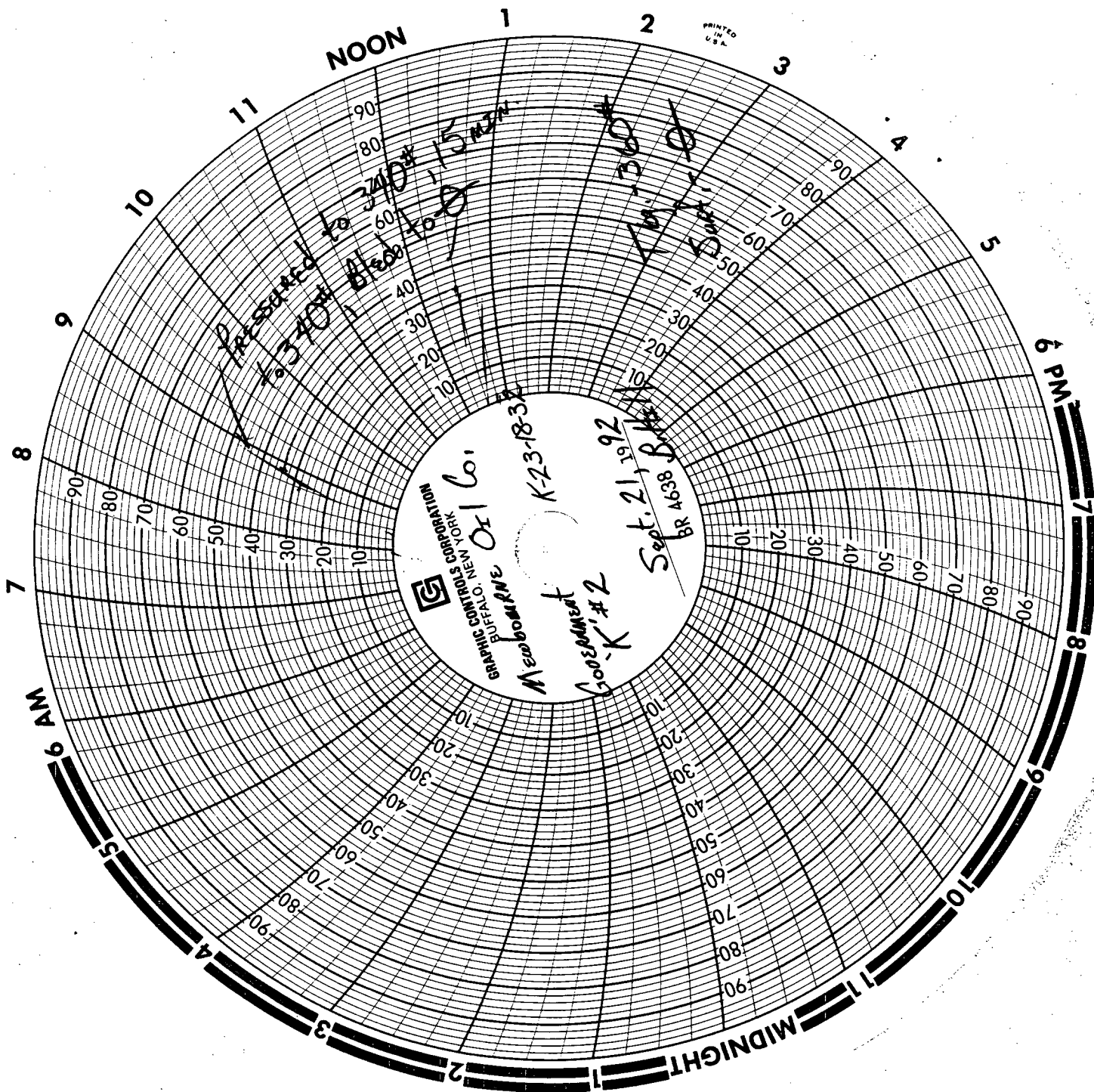
TITLE

DATE

OCT 13 '92

CONDITIONS OF APPROVAL, IF ANY:

Temporary Ins. approved thru Dec. 31, 1992 R-9737



NEW YORK
COMMERCIAL
BUREAU
OF
RECORDS
AND
COMMUNICATIONS

Medicine
K-23-18-32
Government
K-#2
Sept. 21, 1992
BR 46388
10/1/92

Presented to
340*
10340*
15 min
10340*
15 min

10340*
15 min
10340*
15 min