

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <u>Injection</u>	5. Lease Designation and Serial No. <u>NM-0554967</u>
2. Name of Operator <u>Mewbourne Oil Company</u>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <u>P.O. Box 5270 Hobbs, New Mexico 88241 (505) 393-5905</u>	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>1950' FSL & 1980' FWL</u> <u>Sec. 23-T18S-R32E</u>	8. Well Name and No. <u>Government "K" #2</u>
	9. API Well No. <u>30-025-29749</u>
	10. Field and Pool, or Exploratory Area <u>Quercho Plains Upper</u> <u>Bone Springs</u>
	11. County or Parish, State <u>Lea County, New Mexico</u>

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 type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Casing-Tubing Annulus</u>	<input type="checkbox"/> Dispose Water
	<u>Test</u>	(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.)*

9/21/92 Pressure test casing-tubing annulus to 340# and held for 15 minutes.
No communication to tubing. Witnessed by State Representative B. Hill.
See Attached chart.

OCT 9 1992

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

Signed R. C. Jones Title Engineer Date 09/25/92
(This space for Federal or State office use)

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

