SUNDR Do not use th abandoned we SUBMIT IN TR 1. Type of Well $$ Oil Well \bigcirc Gas Well $$ 2. Name of Operator	DEPARTMENT OF THE INTERIOF BUREAU OF LAND MANAGEMENT Y NOTICES AND REPORTS ON is form for proposals to drill or to bell. Use Form 3160-3 (APD) for such IPLICATE - Other instructions of Other 3 Other 744 3b. Phon 505-393- T, R., M., or Survey Description)	R T WELLS or re-ente h proposa	r an als. 	Prive 2.4 9. Lease S NMNM- 6. If India 7. If Unit 8. Well N SF 17 Fe 9. API W 30-025-2 10. Field a Strawn	OMB No Expires: Ja Serial No. -106717 , Allottee of or CA/Agre lame and No ederal Com fell No. 36345	#1 Exploratory Area
				Lea Cou	inty, NM	
	PROPRIATE BOX(ES) TO INDICA	TE NAT	URE OF NOTICE, RI	EPORT, C	OR OTHE	R DATA
Attach the Bond under which the following completion of the inv testing has been completed. Fin determined that the site is ready On 06/15/05, the above caption the Morrow perfs (12342' to 12	Casing Repair New C Change Plans Plug au Convert to Injection Plug B d Operation (clearly state all pertinent details, ctionally or recomplete horizontally, give subs work will be performed or provide the Bon olved operations. If the operation results in a r al Abandonment Notices shall be filed only a	n re Treat Construction nd Abandon Back , including e surface locat nd No. on fi multiple con after all requ with the pa	Temporarily Aba Water Disposal stimated starting date of ar ions and measured and true le with BLM/BIA. Require npletion or recompletion ir uirements, including reclan	indon y proposed vertical def d subseques a new inter nation, have the Strawn	Wel Wel Ward Ward Ward Ward Ward Wel Wel Wel Wel Wel Wel Wel Wel	all Giftied within 30 days 3160-4 shall be filed once leted and the operator has 81.21.110 20.21.110 21.21.1100 21.21.1100 21.21.1100 21.21.1100 21.21.11000
14. 1 hereby certify that the foregoin Name (PrintedlTyped) Kristi Green Signature	is true and correct To Men		obbs Regulatory			
	THIS SPACE FOR FEDE	COLUMN COLUMN				
Approved by (Signature)			Name (Printed/Typed)		Title	
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.					Date	
Title 18 U.S.C. Section 1001 and Ti	tle 43 U.S.C. Section 1212, make it a crime for ent statements or representations as to any matt	or any perso	n knowingly and willfully to jurisdiction.	o make to a	ny departme	nt or agency of the United
(Continued on next page)	VW					



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NEW MEXICO OIL CONSERVATION DIVISION SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Revised June 9, 2003

OperatorMewbourne Oil Company Location Of Well: Unit _G Section17 Township			Lease SF 17 Fed Com Well No #1				
Location Of W	Vell: Unit _G Section17	Township	18SRange	32E Cour	nty Lea, NM		
	Name of Reservoir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. (Flow Art. Lift)	Prod. Medium (Tbg. Or Cag.)	Choke Size		
Upper Completion	Strawn	Gas	Flowing	Csg	48/64		
Lower Completion	Morrow	Gas	Flowing	Tbg	48/64		
FLOW TEST NO. 1 Both zones shut-in at (hour, date): 11:00 am 06/15/05							
Well opened a	t (hour, date):11:00 am 06/18/	05		Upper _Completion	Lower Completion		
Indicate by (X) the zone producingX							
Pressure at beginning of test							
Stabilized? (Yes or No)							

Maximum pressure during test			
Minimum pressure during test			
Pressure at conclusion of test			
Pressure change during test (Maximum minus Minimum)		4	
Was pressure change an increase or a decrease?		decrease	
Well closed at (hour, date):11:00 am 06/20/05Oil Production	Total Time On Production Gas Production	48 hours	
During Test:0bbls; GravNA		MCF; GOR	4000
Remarks:			

Both zones shut-in at (hour, date):11:00 a			T
Well opened at (hour, date):11:00 a	n 06/20/05C	pper Completion	Lower Completior
Indicate by (X) the zone producing			X
Pressure at beginning of test			340
Stabilized? (Yes or No)			Yes
Maximum pressure during test			35
Minimum pressure during test			35
Pressure at conclusion of test		<u>,</u>	35
Pressure change during test (Maximum minus Minir	um)		None
Was pressure change an increase or a decrease?			
Well closed at (hour, date):11:00 am 06/22/05_		S	
Oil Production During Test:0bbls; Grav0	Gas Production		
Remarks:			
	is true and complete to the best of my knowled		

Approved <u>Approved</u> <u>Approved</u> <u>8/19</u> 20 <u>85</u> New Mexico Oil Conservation Division	OperatorMewbourne Oil Company
	ByMickey Young
By	TitleHobbs District Manager
Title	E-mail AddressMYoung@mewbourne.com
	Date07/25/05