

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

FORM APPROVED  
OMB No. 1004-0135  
Expires: January 31, 2004

**SUNDRY NOTICES AND REPORTS ON WELLS**  
**Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.**

**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

1. Type of Well  
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator  
Mewbourne Oil Company 14744

3a. Address  
PO Box 5270 Hobbs, NM 88240

3b. Phone No. (include area code)  
505-393-5905

4. Location of Well (Footage, Sec., T, R., M., or Survey Description)  
330' FSL & 1930' FWL Unit N Sec 30-T18S-R32E

5. Lease Serial No.  
NM-94192

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.  
Geronimo 30 Federal #2

9. API Well No.  
30-025-37946

10. Field and Pool, or Exploratory Area  
North Lusk BoneSpring

11. County or Parish, State  
Lea County, NM

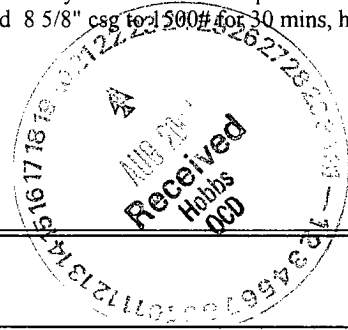
**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Spud, Cmt and Test
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	BOPE
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

3. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomple horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomple in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

06/30/06...Spud 17 1/2" hole. TD'ed 17 1/2" hole @ 501'. Ran 501' 13 3/8" 48 H40 ST&C Csg. Cemented with 300 sks BJ Lite Class C (35:65:6) with additives. Mixed @ 12.5 #/g w/ 1.98 yd. Tail with 200 sks Class C with 2% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Circ 86 sks to pit. WOC 18 hrs. At 3:45 pm on 07/01/06, test BOPE and 13 3/8" casing to 1250# for 30 minutes, held OK. Drilled out with 12 1/4" bit.

07/05/06...TD'ed 12 1/4" hole @ 2532'. Ran 2532' 8 5/8" 32# J55 ST&C Csg. Cemented with 800 sks BJ Lite Class C (35:65:6) with additives. Mixed @ 12.5 #/g w/ 1.98 yd. Tail with 400 sks Class C with 2% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Circ 125 sks to pit. WOC 18 hrs. Test BOPE to 3000# and annular to 1500#, held OK. At 5:30 am 07/06/06, tested 8 5/8" csg to 1500# for 30 mins, held OK. Charts and schematic attached. Drilled out with 7 7/8" bit.



14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

Kristi Green

Title Hobbs Regulatory

Signature

*Kristi Green*

Date 07/07/06

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by (Signature)

Name  
(Printed/Typed)

Title

PE

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.

Office

CFD

Date

8/17/06

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

(Continued on next page)

*Kz*

# MAN WELDING SERVICES, INC

Company Mewhoun Oil Co Date 7-5-06  
Lease Gorinmo 30 Fed #2 County Lea NM  
Drilling Contractor Patterson UTL #41 Plug & Drill Pipe Size 11" C-22 - 4 1/2 XH

## Accumulator Function Test - OO&GO#2

**To Check - USABLE FLUID IN THE NITROGEN BOTTLES** (III.A.2.c.i. or ii or iii)

- Make sure all rams and annular are open and if applicable HCR is closed.
  - Ensure accumulator is pumped up to working pressure! **(Shut off all pumps)**
1. Open HCR Valve. (If applicable)
  2. Close annular.
  3. Close **all** pipe rams.
  4. Open one set of the pipe rams to simulate closing the blind ram.
  5. For 3 ram stacks, open the annular to achieve the 50+ % safety factor. (5M and greater systems).
  6. Record remaining pressure 1200 psi. Test Fails if pressure is lower than required.
- a. {950 psi for a 1500 psi system} b. {1200 psi for a 2000 & 3000 psi system }
  - 7. If annular is closed, open it at this time and close HCR.

Received  
Hobbs  
OCD

**To Check - PRECHARGE ON BOTTLES OR SPHERICAL** (III.A.2.d.)

- Start with manifold pressure at, or above, maximum acceptable pre-charge pressure:  
a. {800 psi for a 1500 psi system} b. {1100 psi for 2000 and 3000 psi system}
1. Open bleed line to the tank, slowly. (gauge needle will drop at the lowest bottle pressure)
  2. Close bleed line. Barely bump electric pump and see what pressure the needle jumps up to.
  3. Record pressure drop Failed psi. Test fails if pressure drops below minimum.
- Minimum: a. {700 psi for a 1500 psi system} b. {900 psi for a 2000 & 3000 psi system}

**To Check - THE CAPACITY OF THE ACCUMULATOR PUMPS** (III.A.2.f.)

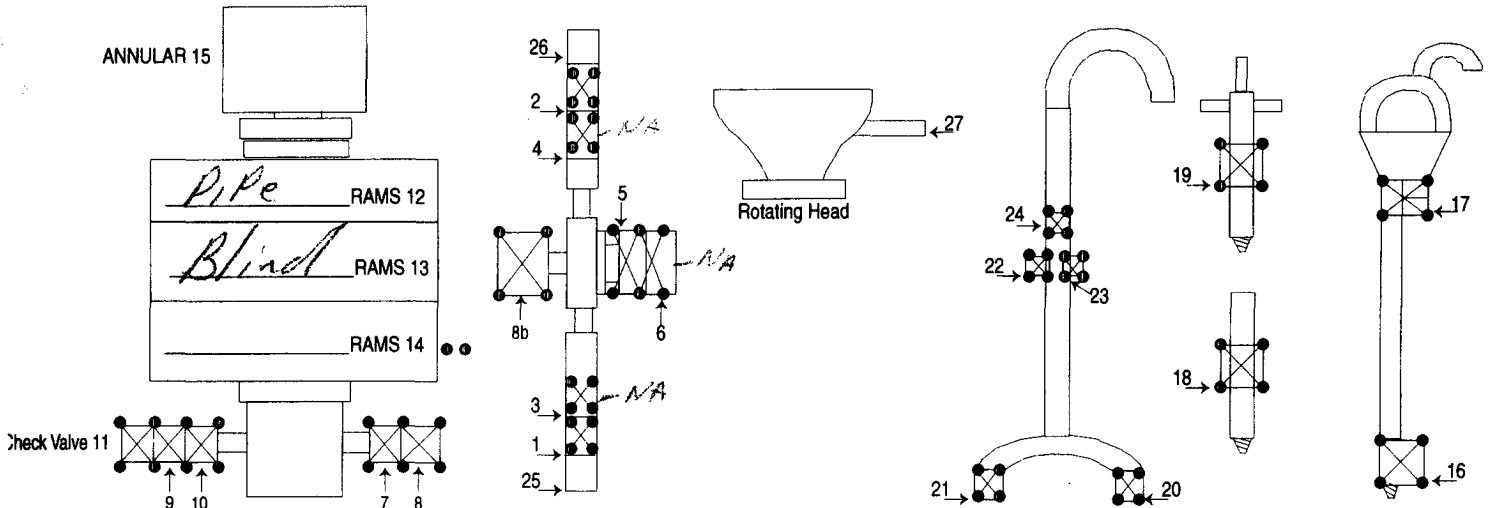
- Isolate the accumulator bottles or spherical from the pumps & manifold.
  - Open the bleed off valve to the tank, {manifold psi should go to 0 psi} close bleed valve.
1. Open the HCR valve, {if applicable}
  2. Close annular
  3. With **pumps** only, time how long it takes to regain the required manifold pressure.
  4. Record elapsed time Failed. Test fails if it takes over 2 minutes.
- a. {950 psi for a 1500 psi system} b. {1200 psi for a 2000 & 3000 psi system}

**BUS: 505 396-4540 • FAX: 505 396-0044**



INVOICE  
No B 5501

Casing Valve Opened yes Check Valve Open yes



TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1	25, 26, 5, 9, 13	5/10	NA	3000	
2	1, 2, 11, 13	5/10	NA	3000	
3	7, 8, 12	5/10	NA	3000	
4	10, 7, 12	5/10	NA	3000	
5	10, 7, 15	5/10	NA	<del>1500</del>	
6	16	5/10	NA	3000	
7	17	5/10	NA	3000	
8					
					#8 is HCR Valve

8 HR@ 1000.00  
HR@  
Mileage 114 @ 100 = \$114.00

**TOTAL** 16800

