

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

1625 N. French Dr.
Hobbs, NM 88240

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)

660' FSL & 1090' FEL, Unit Letter P of Sec 22-T18S-R32E

5. Lease Serial No.

NMNM-8675

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.

SF 22 Federal Com #1

9. API Well No.

30-025-36347

10. Field and Pool, or Exploratory Area

Lusk Morrow, North

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 checked="" 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 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 & Csg Jobs
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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 recompleate 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 recompleation 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.)

08/19/03...MI & spud 17 1/2" hole. TD'd hole @ 530'. Ran 530' 13 3/8" 48# H40 ST&C csg. Cemented w/ 235 sks Poz "C" w/ additives. Mixed @ 12.5 #/g w/ 1.97 yd. Tailed w/ 200 sk Class "C" w/ 2% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Circ 65 sks to pit. WOC 18 hrs. Test BOPE to 1000 psi, OK. Drill out w/ 12 1/4" bit.

08/26/03...TD'd 12 1/4" hole @ 4500'. Ran 4500' 9 5/8" 40# HCK55 Csg. Cemented w/ 1400 sks Poz "C" w/ additives. Mixed @ 12.5 #/g w/ 1.96 yd. Tailed w/ 200 sks Class "C" w/ 2% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Circ 85 sks to pit. WOC 18 hrs. *Test BOPE as required. All equipment passed. Drill out w/ 8 3/4" bit. Charts and schematic attached.

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

NM Young

Title Hobbs District Manager

Signature

Date 09/15/03

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by (Signature)

(ORIG. SGD.) DAVID R. GLASS

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.

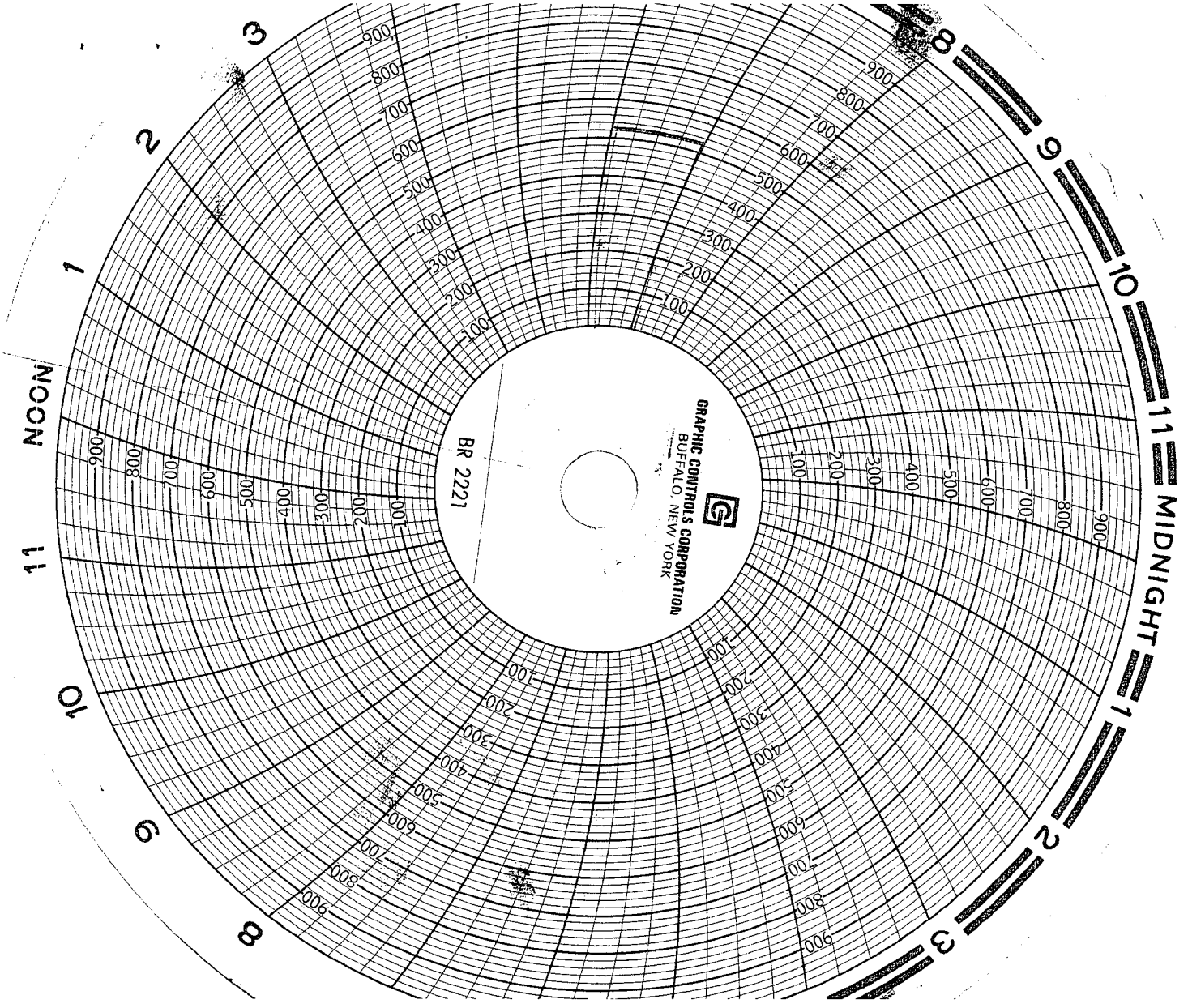
Office

Date

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.

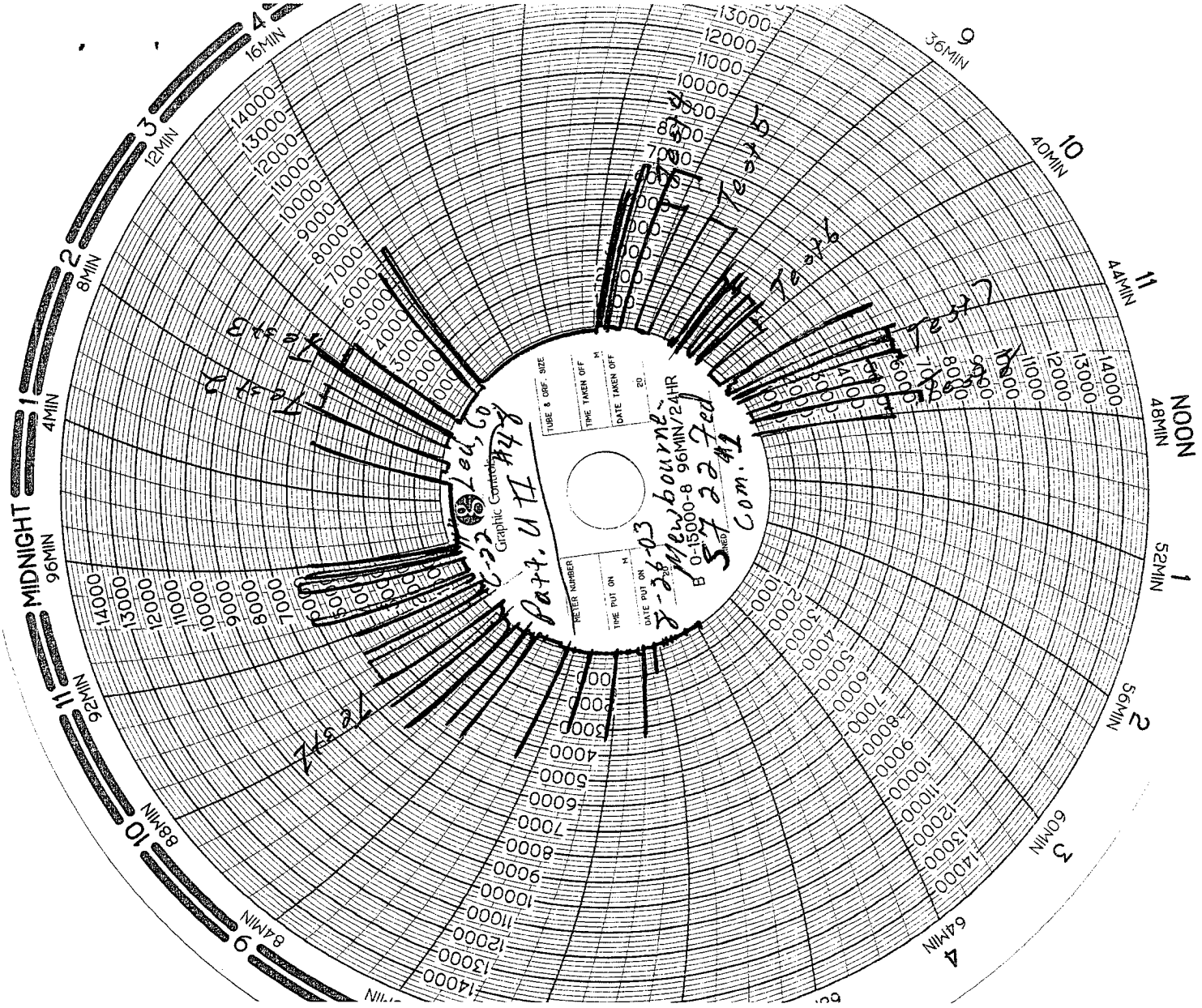
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GWW



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

BR 2221



TUBE & GPF. SIZE
TYPE TAKEN OFF
DATE TAKEN OFF
M
20

TESTER NUMBER
DATE PUT ON
TIME PUT ON
M
N

part. U II #48
Graphic Controls
B-22
Newbourne
0-15000-8 96MIN/24HR
5-22-72
Com.
5-22-72

5722 Fed. Com. #1
Paq. 1171 #48

8-26-03
11" C-22

ASC Rev. 06/02

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 1700 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.

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 1000 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 54 sec.. 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}

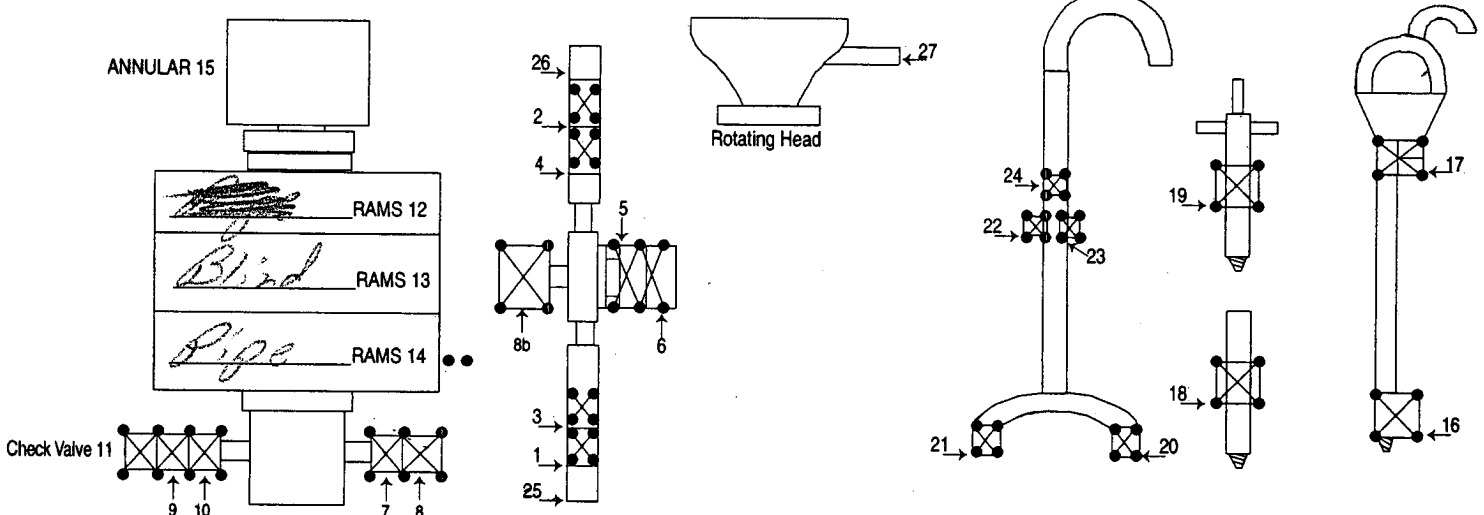
Accumulator working pressure rating	Minimum acceptable operating pressure	Desired precharge pressure	Maximum acceptable precharge pressure	Minimum acceptable precharge pressure
1,500 psi	1,500 psi	750 psi	800 psi	700 psi
2,000 psi	2,000 psi	1,000 psi	1,100 psi	900 psi

MAN WELDING SERVICE

(505) 396-4540

INVOICE NO B2092

Company Morburn Date 8-25-03 Start Time 4:30 ☐ am ☒ pm
 Lease 057 22 Fed. com #1 County Lea State NM
 Company Man _____
 Wellhead Vender Kvaerner National Tester R M Northcutt
 Drig. Contractor Pete H TI #48 Rig # _____
 Tool Pusher _____
 Plug Type C-22 Plug Size 11" Drill Pipe Size 4 1/2 XH
 Casing Valve Opened Yes Check Valve Open Yes



TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1	25, 26, 6, 9, 13	10M		5000	Had to tighten Misc.
2	1, 2, 5, 9, 13	10		5000	Flanges OK
3	3, 4, 5, 10, 13	10		5000	
4	8, 11, 14	10		5000	
5	5, 11, 14	10		5000	#19 did not hold
6	7, 11, 15	10		3500	Will Replace
7	16	10		5000	#17 did not hold
8	17	10		5000	Will Replace

8 HR@ ~~85.00~~ = 680.00
 11 HR@ 65.00 = 715.00
 Mileage @ _____

SUB TOTAL \$1395.00
 TAX \$73.24
 TOTAL \$1468.24