

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

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO. 30-025-24520	
Indicate Type of Lease <u>Federal</u> STATE FEE	
State Oil & Gas Lease No. NM 6863	
Lease Name or Unit Agreement Name QPQASU	
Well No. 27	
Pool name or Wildcat Querecho Plains Queen Associated	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)	
Type of Well: OIL WELL GAS WELL OTHER injection	
Name of Operator Mewbourne Oil Company	Well No. 27
Address of Operator PO Box 5270, Hobbs, NM 88241	Pool name or Wildcat Querecho Plains Queen Associated
Well Location Unit Letter <u>L</u> <u>1650</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line Section <u>27</u> Township <u>18S</u> Range <u>32E</u> NMPM Lea County	
Elevation (Show whether DF, RKB, RT, GR, etc.)	

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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: Resume water injection ☒

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.

MIT pressure test OK witness Mr. Hill October 2, 2001.  
Resume water injection October 8, 2001.

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

SIGNATURE Arthur Boice TITLE Sr Production Engineer DATE 11-14-01

TYPE OR PRINT NAME Arthur Boice

TELEPHONE NO. (505) 393-5905

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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