

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

A. Oil Cons. Division  
325 N. 5th St.  
Hobbs, NM 88240

5. Designation and Serial No.  
NM 0554244  
6. Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE**

1. Type of Well  
☐ Oil Well ☐ Gas Well ☒ Other INJECTION WELL
2. Name of Operator  
MEWBOURNE OIL COMPANY
3. Address and Telephone No.  
PO BOX 5270 HOBBS, NM 88241 (505) 393-5905
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
2310' FSL & 990' FEL Sec 23 T 18S R 32E

7. If Unit or CA, Agreement Designation  
BLM UNIT # NMNM88523-X
8. Well Name and No.  
QPBSSU 3-7
9. API Well No.  
30-025-24861
10. Field and Pool, or Exploratory Area  
Querecho Plains-Upper Bone Springs
11. County or Parish, State  
Lea County, NM

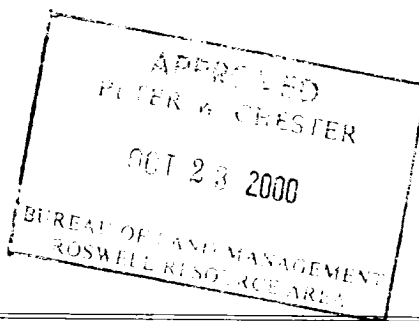
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input 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 conversion to production	<input type="checkbox"/> Dispose Water

(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.)\*

Operator wishes to return this well to production as part of waterflood operations in the Querecho Plains Bone Spring Sand Unit. The injection tubing and packer will be removed. The production tubing, rods, and pump will be run below the existing perforations.



RECEIVED  
2000 OCT 18 P 12:33  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

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

Signed Arthur Boie  
(This space for Federal or State office use)

Title Sr. Production Engineer Date 3-13-00

Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title \_\_\_\_\_ Date \_\_\_\_\_

Title 18 U.S.C. Section 1001, makes 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.

\*See Instruction on Reverse Side

