

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

N M 4609

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Mewbourne Oil Company

3. ADDRESS OF OPERATOR

330 Citizens Bank Bldg. Tyler, TX 75702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface

2318' from North Line & 1980' from West Line

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3737 GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "E"

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

27-18S-32E

12. COUNTY OR PARISH  
Lea

13. STATE  
N.M.

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

Status report

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

17. 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.)\*

9-20-77 Spudded @ 5 P.M.

9-21-77 Ran 29 jts. of 8-5/8" casing set @ 1151'. Cemented 400 sx Halliburton lite. 1/4# Flocele, 200 sx Class "C" - 1/4# Flocele - 2% CaCl - circulated 50 sx - WOC.

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

SIGNED

*Margaret Lutz*

TITLE

*Production Clerk*

DATE

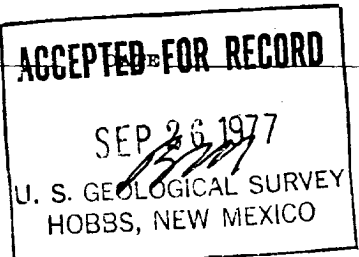
*9/22/77*

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side