N. M. OIL COPY COMMISSION P. O. BOX food

Form 9-331 (May 1963)

S NEW MEXICO 83240 UNITED STATES DEPARTMENT OF THE INTERIOR (Other instructions on reverse side) GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE.

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NM	4609	
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SUNDRY	NOTICES	AND	REPORTS	ON	\A/E i	ıc
JUNDEL	INCHICES	AIND	REPURIS	UNIV	WIL	1 >

(Do not use this form for pro Use "APPL	posals to drill or to deepen or plug back to a different reservoir. CATION FOR PERMIT—" for such proposals.)			
OIL X GAS OTHER		7. UNIT AGREEMENT NA	ME	
2. NAME OF OPERATOR		8. FARM OR LEASE NAM	E	
Mewbourne Oil Company	,	Federal "E"		
3. ADDRESS OF OPERATOR		9. WELL NO.		
P. O. Box 7698, Tyler	r, Texas 75711	3		
 LOCATION OF WELL (Report location See also space 17 below.) At surface 	clearly and in accordance with any State requirements.	Querecho Pla		
990' FWL & 2310' FNL		(ASSOCIATED) 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
		27-18S-32E		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE	
	3740' GR	Lea	N.M.	

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

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NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF	PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS		(Other) Plug Back	X
(Other) Plug Bac	<u>k</u>	Z	(Note: Report results of multip Completion or Recompletion Rep	ole completion on Well ort and Log form.)

17. DESCRIBE PROPOSED OF 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.)*

11/1/83

Rigged up Amardillo Wireline. Perforated Penrose 4148-78' with 1 JSPF (total 31 holes).

8. I hereby certify that the foregoing is true and correct		
SIGNED MY MONTH	TITLE Exploration Secretary	DATE
(This space for Rederal or State office past)		
APPROVED BY SUPPOVAL, IF ANY: JUN 8 1984	TITLE	DATE