State of New Mexico **Submit 3 Copies** Form C-103 Ener. Minerals and Natural Resources Department to Appropriate District Office Revised 1-1-89 OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 30-025-25894 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease DISTRICT III FEE X STATE 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. NM-6863 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Querecho Plains Bone WELL X Spring Sand Unit OTHER 2. Name of Operator 8. Well No. Mewbourne Oil Company 8-1 3. Address of Operator 9. Pool name or Wildcat P. O. Box 7698 - Tyler, Texas 75711 Querecho Plains-U. Bone Spring 4. Well Location Unit Letter K : 1980 Feet From The south 1980 Line and Feet From The Line Township 32E Range Lea 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3727.7 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: Convert to injection X OTHER:_ 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed Operator proposes to convert the subject well to water injection in a cooperative manner into the Querecho Plains Bone Spring Unit. Injection will be through the current existing perforations. The water to be injected will be produced water from the Bone Spring, Delaware and/or Queen formations. Additional volumes of water, if required, are purchased from the City of Carlsbad Caprock System WEX-701

I hereby certify that the information above is true and complete to the best of my knowl	ledge and belief.	
I hereby certify that the information above is true and complete to the best of my knowledge Signature	me Engineering Tech.	DATE1/22/01
TYPE OR PRINT NAME Sue Hearon		TELEPHONE NO. (903) 561-2
(This space for State Use)		(503) 301
APPROVED BY	— TITLE —	DATP
CONDITIONS OF ATTROUTE TO A TO		

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