

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved
Budget Bureau No. 42-R1424
5. LEASE DESIGNATION AND SERIAL NO.

NM 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR MEWBOURNE OIL COMPANY		8. FARM OR LEASE NAME Federal "E"	
3. ADDRESS OF OPERATOR P. O. Box 7698, Tyler, TX 75711		9. WELL NO. 4	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' from North Line and 2310' from East Line		10. FIELD AND POOL, OR WILDCAT Undesignated	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3737.9 GL	11. SEC., T., R., M., OR BLK. AND SUBVEY OR AREA 27-T18S-R32E
		12. COUNTY OR PARISH Lea	13. STATE NM

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 COMPLETION ☐ABANDON* ☒CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(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.) *

Will plug and abandon well.

Plugs will be set as follows:

3600' 50 sx.

2500' 50 sx.

1250' 50 sx.

Surface 10 sx.

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

SIGNED

Marjorie Lutz

TITLE

Production Clerk

DATE

7/25/78

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

Crally
JUL 24 1978- A. A. L.
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

NCISS:MMK 11-11-1978

RECEIVED

SEP 15 1978

10 00 27 AM 9 28

COMM. N. M.

11-11-1978