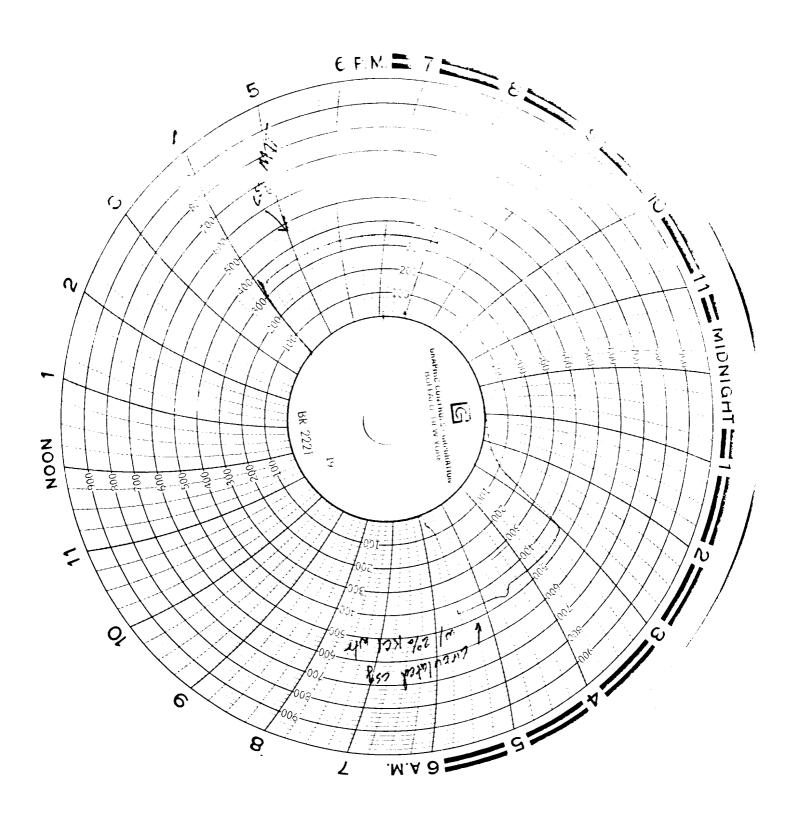
Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31 1003

BUREAU OF LAND MANAGEMENT		5. Lease Designation and Serial No.
SUNDRY NOTICES AND REPORTS ON WELLS		NM-25457 6. If Indian. Allottee or Tribe Name
Do not use this form for proposal Use "APPLICATION"	Is to drill or to deepen or reentry to a different reservoir. ON FOR PERMIT—" for such proposals	of Manual Another of Time Name
SUBMIT IN TRIPLICATE 1. Type of Well Oil Well Well Other Injection 2. Name of Operator Mewbourne Oil Company 3. Address and Telephone No.		7. If Unit or CA, Agreement Designation NMNM-91005X
		QPQASU #1
		9. API Well No.
		·
P.O. Box 5270 Hobbs, New Mexico 88241 (505) 393-5905 4. Location of Well (Footage, Sec., T., R., M. or Survey Description)		10. Field and Pool, or Exploratory Area Querecho Plains
1650' FNL & 330' FWL		Queen Assoc. 11. County or Parish, State
Sec. 23-T18S-R32E		, , , , , , , , , , , , , , , , , , , ,
		Lea County, N.M.
12. CHECK APPROPRIATE	BOX(s) TO INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA
TYPE OF SUBMISSION TYPE OF ACTION		
Notice of Intent		
Notice of friend	Abandonment Recompletion	Change of Plans New Construction
Subsequent Report	Plugging Back	Non-Routine Fracturing
_	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	Other <u>Replace Tbg. String</u>	
13. Deveribe Promodes Come and Organization (Classical Companies)		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
give subsurface locations and measured and	arly state all pertinent details, and give pertinent dates, including estimated date of starting true vertical depths for all markers and zones pertinent to this work.)*	any proposed work. If well is directionally drilled,
3/23/96 MIRU well servi Tagged T.D. @ 4		U slickline.
3/25/96 PU different tb 2% KCL down csg	og. string & pkr. Set pkr. @ 4050'. Circug. Performed MIT. Turned on injection. R	lated 50 bbls. D & MO.
		A P R
		7 (g) 20
		- 0
) —4
		\$
		<u> </u>
14. I hereby certify that the foregoing is true and con	rrect	
Signed Scots hum	TitleEngineer	Date04/02/96
(This space for Federal or State office use)		
Approved by	Title	Date /
Conditions of approval, if any:		Albrico
		/ / / / / / / / / / / / / / / / / / / /



MONSOURNE CIL QPARSAL # (3/35/96 10:45-11:00 A.M. 1000 2 Spring 96 Min clock

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Received Hobbs OCD