

District I
PO Box 1900, Hobbs, NM 88241-1900
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Minerals & Natural Resources Department

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Mewbourne Oil Company P. O. Box 7698 Tyler, Texas 75711		OGRID Number 014744
API Number 30-025-26875	Pool Name Querecho Plains Queen Associated	Pool Code 50580
Property Code 15343	Property Name Querecho Plains QA Sand Unit	Well Number 1

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West Line	County
E	23	18S	32E		1650'	North	330'	West	Lea

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West Line	County
Lee Code F	Producing Method Code Inj	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/C	POD ULSTR Location and Description

IV. Produced Water

POD	POD ULSTR Location and Description

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Gas Pressure
Choke Size	Oil	Water	Gas	AOP	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Gaylon Thompson*
Printed name: Gaylon Thompson
Title: Engineering Operations Secretary
Date: 9/12/94 Phone: (903) 561-2900

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY
Title: GARY WINK
FIELD REP. II
Approval Date: OCT 26 1994

If this is a change of operator fill in the OGRID number and name of the previous operator

C. W. Stumhoffer

Previous Operator Signature	Printed Name	Title	Date
OGRID No. 003463 - C. W. Stumhoffer			

MEWBOURNE OIL COMPANY

P.O. BOX 7698
TYLER, TEXAS 75711
903 - 561-2900
FAX 903 - 561-1870

October 20, 1994

State of New Mexico
Energy and Minerals Department
P. O. Box 1980
Hobbs, New Mexico 88240

Attention: Donna Pritchard

Re: Querecho Plains QA Sand Unit #1
Previously Flip Federal #1
Lea County, New Mexico

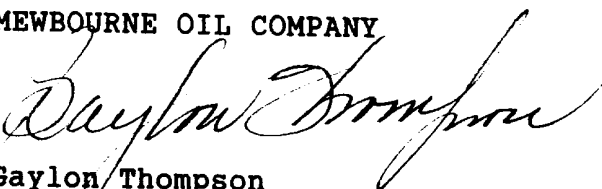
Dear Donna:

Enclosed please find a copy of the letter and Form C-104 sent to Mr. C. W. Stumhoffer on September 12, 1994. This was sent Certified and Return Receipt Requested. Mr. Stumhoffer did receive this form as noted by the returned receipt; however, as of this date we have not received an executed copy of the C-104. If I do receive it, I will forward it to you immediately.

If I can be of further assistance in this matter, please let me know.

Very truly yours,

MEWBOURNE OIL COMPANY



Gaylon Thompson
Engineering Operations Secretary

Attachments

MEWBOURNE OIL COMPANY

P.O. BOX 7698
TYLER, TEXAS 75711
903 - 561-2900
FAX 903 - 561-1870

September 12, 1994

CERTIFIED RETURN RECEIPT
REQUESTED
P 151 907 820

Mr. C. W. Stumhoffer
P. O. Box 100416
Fort Worth, Texas 76185-0416

Re: Querecho Plains Queen Associated
Sand Unit
Lea County, New Mexico

Dear Mr. Stumhoffer:

Enclosed is an original and two copies of the C-104 Form for the New Mexico Oil Conservation Division to change the operator name and the well name for the well purchased from you. Will you please execute at the bottom of the form indicated by the red "X" and return the original and one copy to me as soon as possible. One copy is furnished for you to keep for your records.

Thank you for your immediate attention in regard to this matter and if you have any questions, please feel free to contact me at the above address or Area Code 903, 561-2900.

Very truly yours,

MEWBOURNE OIL COMPANY

Gaylon Thompson
Gaylon Thompson
Engineering Operations Secretary

Enclosures

P 151 907 820



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to C. W. Stumhoffer	
Street and No. P. O. Box 100416	
P.O., State and ZIP Code Fort Worth, TX 76185-0416	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.52
Postmark or Date	

SENDER: • Complete items 1 and 2 for additional services. • Complete items 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered.		I wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: C. W. Stumhoffer P. O. Box 100416 Fort Worth, TX 76185-0416		4a. Article Number P 151 907 820
4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise		7. Date of Delivery
5. Signature (Addressee) <i>C. W. Stumhoffer</i>		8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Agent)		

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

PS Form 3800, June 1991



LTR



Job separation sheet

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Mewbourne Oil Company

3. Address and Telephone No.

P. O. Box 7698, Tyler, Texas 75711 (903) 561-2900

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1650' FNL & 330' FWL of Sec. 23, T18S-R32E

5. Lease Designation and Serial No.

NM 25457

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Flip Federal #1

9. API Well No.

30-025-26875

10. Field and Pool, or Exploratory Area

Querecho Plains Queen Associated

11. County or Parish, State

Lea

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other **Change Well Name**
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

Effective October 1, 1994 the **Flip Federal #1** well name has been changed to **Querecho Plains QA Sand Unit No. 1** as a result of the formation of the **Querecho Plains Queen Associated Sand Unit**.
NMOCD Order #R-10123

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

Signed

Engr. Oprns. Secretary

Date **9/15/94**

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

RECEIVED

OCT 17 1994

OFFICE