

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 5270 Hobbs, New Mexico 88241 (505) 393-5905

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

1980' FNL & 330' FEL
Sec. 28-T18S-R32E

5. Lease Designation and Serial No.

NM 4609

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No. OPQA-544
Federal "E" #9 #22

9. API Well No.

30-025-28493

10. Field and Pool, or Exploratory Area

Querecho Plains
Queen Assoc.

11. County or Parish, State

Lea County, N.M.

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 Began Injection
☐ 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.)*

10/07/94 Began injection in Querecho Plains Queen Assoc. Sand.

ACCEPTED FOR RECORD
NOV 15 1994
CARLSBAD, NEW MEXICO

RECEIVED
NOV 9 10 40 AM '94
CARLSBAD, NM

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

Signed [Signature] Title District Manager Date Nov. 7, 1994
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: