Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.: NM 50920

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 [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Mewbourne Oil Company

8. FARM OR LEASE NAME: Federal "I"

3. ADDRESS OF OPERATOR: P.O. Box 5270 Hobbs, New Mexico 88241

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980' FSL & 1980' FEL

10. FIELD AND POOL, OR WILDCAT: Reeves - Penn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 14-18S-35E

14. PERMIT NO.: API # 30-025-29345

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3876.4' GR

12. COUNTY OR PARISH: Lea | 13. STATE: N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE *	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	
(Other)		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.)*

1. Set CIBP @ 9900' w/35' of cement on top.
2. Perforate Abo from 8844'-50' w/2 SPF, 8768'-84' w/2 SPF and 8678'-8704' w/1 SPF.
3. Acidize perfs. w/10,000 gals. of 15% acid.
4. Production test well.

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

SIGNED [signature] TITLE Dist. Supt. DATE 04/01/86

(This space for Federal or State office use)

APPROVED BY [signature] TITLE [illegible] DATE 4-8-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side