

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-50920
2. NAME OF OPERATOR Mewbourne Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 7698, Tyler, Texas 75711		7. UNIT AGREEMENT NAME
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		8. FARM OR LEASE NAME Federal "I"
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Reeves-Penn
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA 14-18S-35E
		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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> Set Intermediate Casing		<input checked="" type="checkbox"/>

(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.)*

8/31/85 - TD 4950'. WOC. Ran guide shoe, 44' shoe joint, 5 centralizers, Float Collar, 23 joints (988') 8-5/8" 32# S-80 ST&C, 97 joints (3905') 8-5/8" 32# J-55 ST&C. Total 4940', set at 4950'. Halliburton cemented with 2000 sacks of HLC with 1/4# flocele, 5# gilsonite, 15# salt and 200 sacks Class C Neat. PD to 4905' at 5:00. Circulated 50 sacks.

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

SIGNED Raymond Thompson TITLE Exploration Secretary DATE 9/10/85

(This space for Federal or State office use)

APPROVED BY AWD TITLE DATE
CONDITIONS OF APPROVAL, IF ANY:

SEP 19 1985

*See Instructions on Reverse Side

RECEIVED
SEP 23 1985
O.C.D.
HOBBS OFFICE

RECEIVED
SEP 13 1985
O.C.D.
HOBBS OFFICE