

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-4609
2. Name of Operator Mewbourne Oil Company	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P. O. Box 7698, Tyler, Texas 75711 (903) 561-2900	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FNL & 530' FEL of Sec. 27, T18S-R32E	8. Well Name and No. FEDERAL "E" #11
	9. API Well No. 30-025-29516
	10. Field and Pool, or Exploratory Area QUERECHO PLAINS - UPPER BONE SPRING
	11. County or Parish, State LEA, NEW MEXICO

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

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input checked="" type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> Dispose Water

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.)*

- 8/16/92 - Unseated pump and pulled rods and tubing.
- 8/20/92 - Ran tubing and set packer at 8260'. Pumped 135 bbls 2% KCL & pkr fluid down csg. Set pkr w/tbg in 10 points compression. Pressure tested csg to 1500#, held OK.
- 9/11/92 - Western Co. acidized Bone Spring perfs w/600 gals Xylene & 3000 gals 15% HCL acid + additives. ISDP 2100#, 5 mins 1300#, 10 mins 600#, 15 mins 100#. Job complete. RU swab unit. Made 11 runs & rec 42 bbls.
- 9/12/92 - Made 22 swab runs. Recovering load.
- 9/13/92 - Made 10 swab runs. Making very little fluid.
- 9/22/92 - RU Kill truck. Loaded casing/tubing annulus w/2 bbls 2% KCL. Pressure tested to 360#. Held pressure for 15 mins to fulfill requirements of State casing integrity test. Casing held good.

Presently building surface facility.

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

Signed *Engr. Oprns. Secretary* Title Engr. Oprns. Secretary Date 9/30/92
(This space for Federal or State office use)
Approved by _____ Title _____ Date _____
Conditions of approval, if any: _____