

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

☒ 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)

660' FNL & 530' FEL  
Sec. 27-T18S-R32E

(A)

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.

Federal "E" #11

9. API Well No.

10. Field and Pool, or Exploratory Area

Querecho Plains  
Upper Bone Springs

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

- |  |   |
|--|---|
| <input type="checkbox"/> Abandonment     | <input type="checkbox"/> Change of Plans                    |
| <input type="checkbox"/> Recompletion    | <input type="checkbox"/> New Construction                   |
| <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                      |

(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.)\*

- 8-15-92 MIRU well service rig. POOH w/rods & tbg.  
8-17-92 RIH w/Seismic Fracture Dimension Survey to determine fracture orientation.  
8-18-92 RIH w/4-3/4" bit and cleaned out rat hole below perfs. to 8800'.  
8-19-92 Inspected tbg. w/Baker scomalog. RIH w/permalatch pkr. & set @ 8260'.  
Pressured csg. to 1500#. Held ok. RD MO well service rig. Well ready for injection.

2 1992

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

Signed \_\_\_\_\_

Title Engineer

Date August 27, 1992

(This space for Federal or State Office Use)