

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION  
P.O. BOX 1980  
HOBBS, NEW MEXICO 88240

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

Injection Wells

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 & 660' FEL  
Sec. 26-T18S-R32E

5. Lease Designation and Serial No.

2 BLM Unit # NMNM88523-X

6. If Indian, Allottee or Tribe Name

Lease # NM-14000

7. If Unit or CA, Agreement Designation

Unit Order R-9985

8. Well Name and No.

QPBSSU 11-2 (QPRASO # 30)

9. API Well No.

30-025-29557

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

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☒ Conversion to Injection (in Queen)

☐ 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.)\*

Mewbourne Oil proposes to test the Queen and Penrose formations by setting a RBP over existing Bone Spring perforations and stimulating the Queen/Penrose interval as necessary. The Queen/Penrose formations will then be tested for injectivity. Upon completion of testing, the Bone Spring formation will be returned to injection as per OCD Order No. WFX-673.

See Attached Order.

Aug 10 10 27 AM '95  
RECEIVED  
OCD

SUBJECT TO  
FEDERAL APPROVAL  
BY STATE

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

Signed

*[Signature]*

Title District Manager

Date August 7, 1995

(This space for Federal or State office use)

Approved by

Shannon J. Shaw

Title PETROLEUM ENGINEER

Date 8/15/95

Conditions of approval, if any: