

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
NM-17807

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

Mewbourne Oil Company

3. Address of Operator

P. O. Box 7698 - Tyler, Texas 75711

7. Lease Name or Unit Agreement Name
Querecho Plains Bone
Spring Unit

8. Well No.

13-2

9. Pool name or Wildcat Querecho Plains
Upper Bone Spring Sand

4. Well Location

Unit Letter N : 760 Feet From The South Line and 2310 Feet From The West Line

Section 23 Township 18S Range 32E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3770' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Convert to Injection

☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Operator proposes to convert the subject well to water injection in a cooperative manner into the Querecho Plains Boe Spring Sand Unit. Injection will be through the current existing perforations. The water to be injected will be from the Bone Spring, Delaware and/or Queen formations. Additional water, if required, will be purchased from the City of Carlsbad Caprock System.

WFX-776

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Sue Hearon

TITLE

Engineering Tech.

DATE

7/26/01

TYPE OR PRINT NAME

Sue Hearon

TELEPHONE NO. (903) 561-2900

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: