

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other Instructions
reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

RECEIVED

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-4609
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' FNL & 1980' FWL		8. FARM OR LEASE NAME FEDERAL "E"
14. PERMIT NO. API #30-025-29994		9. WELL NO. 13
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3725' GR		10. FIELD AND POOL OR WILDCAT Querecho Plains - Upper Bone Springs
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 27-18S-32E
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Set Production String</u> <input checked="" type="checkbox"/>	
(Other) <input 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.)

9/5/87 - Ran 5-1/2" casing as follows:

1	5-1/2" float shoe	1.65'
1	5-1/2" 17# N-80 shoe joint	29.95'
1	5-1/2" float collar	1.30'
89 jts	5-1/2" 17# N-80	2788.51'
57 jts	5-1/2" 15.5# K-55	2361.25'
16 jts	5-1/2" 17# K-55	642.19'
63 jts	5-1/2" 17# N-80	1997.51'
29 jts	5-1/2" 17# N-80	1219.04'
Total		9041.41'

Set at 9020' KB. Western cemented with 900 sxs Pacesetter lite "H" containing 5# salt/sx followed by 325 sxs Class "H" containing 1/2% CF-14 + 4# sand/sx. Pumped plug down with 10 bbls acetic acid + 199 bbls of 2% KCL water.

Rig released at 11:00 P.M. 9/5/87.

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

SIGNED Raymond Thompson TITLE Engr. Oprns. Sec. DATE 9/14/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side