

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instructions  
reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

88240 NM-4609

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Mewbourne Oil Company		8. FARM OR LEASE NAME FEDERAL "E"	
3. ADDRESS OF OPERATOR P. O. Box 7698, Tyler, Texas 75711		9. WELL NO. 13	
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		10. FIELD AND POOL, OR WILDCAT Querecho Plains - Upper Bone Springs	
14. PERMIT NO. API #30-025-29994		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 27-18S-32E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3725' GR		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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Set Surface Pipe <input checked="" 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.)

8/13/87 - Spud at 2:15 P.M. 8/12/87.

8/14/87 - Ran casing as follows:

1	guide shoe	1.00'
1	13-3/8" 68# shoe with IF	46.62'
9 jts	13-3/8" 68# LS	416.13'
Total		463.75'

Set at 460'. Western cemented with 485 sxs Class "C" neet cement with 2% CaCl<sub>2</sub>. Circulated 50 sxs. Float held OK.

RECEIVED

AUG 20 12 45 PM '87  
CARLSBAD RESOURCE  
AREA HEADQUARTERS

ACCEPTED FOR RECORD

SJS  
AUG 26 1987

CARLSBAD, NEW MEXICO

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

SIGNED Raymond Thompson TITLE Engr. Oprns. Sec. DATE 8/18/87

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side