

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.  
NM-0554244  
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 ☒ GAS WELL ☐ OTHER ☐  
2. NAME OF OPERATOR  
Mewbourne Oil Company  
3. ADDRESS OF OPERATOR  
P. O. Box 7698, Tyler, Texas 75711  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
660' FNL & 660' FEL  
14. PERMIT NO.  
API #30-025-30341  
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3794.5' GR

7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
FEDERAL "L"  
9. WELL NO.  
5  
10. FIELD AND POOL, OR WILDCAT  
Querecho Plains - Upper  
Bone Springs  
11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
23-18S-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:

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 PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" 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)	<input checked="" type="checkbox"/> Production String		<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.)\*

Spud 4/17/88. Ran 13-3/8", 48#, MR casing set at 460' KB. Western cemented with 200 sxs Class C with 1 1/4# celloseal + 6% gel + 2% CaCl<sub>2</sub> followed by 200 sxs Class C with 2% CaCl<sub>2</sub>. Plug down to 411' at 1:30 AM 4/18/88. Float held okay. Circulated 50 sxs cement.

4/27/88 Ran 8-5/8" 24# & 32# casing set at 4330' KB. Western cemented with 1300 sxs Pacesetter lite "C" with 6% gel + 1#/sx Hi-Seal + 275 sxs Class "C" with 1% CaCl<sub>2</sub>. Plug down to 4289' at 10:15 PM 4/26/88. Circ 50 sxs cement.

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

SIGNED Raymond Thompson TITLE Engr. Oprns. Secretary DATE 5/4/88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

SJS  
CIVIL ENGINEER