

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-613
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-0392867

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

1980' FNL & 330' FWL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

FEDERAL "P"

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Querecho-Plains
Upper Bone Springs

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

24-18S-32E

14. PERMIT NO.

30636
API #30-025-30583

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3787.1 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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

9/12/89 - Perforated Upper Bone Springs 8468-76', 8488-96', 8507-24' -
Total 33', 36 holes.

9/14/87 - Western acidized with 3500 gals 7½% NE-FE acid.

9/16/87 - Western fracture treated with 80,000 gals gelled 2% KCL water
containing 90,000# 20/40 Ottawa sand + 30,000# 20/40 resin
coated sand. Max 3400# @ 40 BPM, Min 2750# @ 40 BPM, Avg.
3000# @ 40 BPM. ISDP 2710#, 15 mins.

RECEIVED
OCT 7 3 11 PM '89

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

SIGNED

TITLE

Engr.Oprns.Secretary

DATE

9/27/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side