Submit 3 Copies

State of New Mexico

Form C-103

to Appropriate District Office	CIE MIREI AIS AIRU INAIMAI	Resources Department	Revised 1-1-89		
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206		WELL API NO. 30-025-32538		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mo	exi∞ 87503	5. Indicate Type of Lea	use	
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & Gas Lea VA-473	STATE FEE See No.	
SUNDRY NOT	TICES AND REPORTS ON W	ELLS			
	IOPOSALS TO DRILL OR TO DEEP! PRVOIRL USE "APPLICATION FOR I C-101) FOR SUCH PROPOSALS.)		7. Lease Name or Unit	Agreement Name	
1. Type of Well: Oil. GAS WELL WELL [OTHER	OTHER		La Rica "32" State	
2. Name of Operator			8. Well No.		
Mewbourne Oil Company 3. Address of Operator	· · · · · · · · · · · · · · · · · · ·		9. Pool name or Wildon	и	
P.O. Box 5270 Hobbs.	New Mexico 88241		E-K Bone Sp	ring	
4. Well Location Unit Letter K : 198	Feet From The South	Line and 1980	Feet From The	West Line	
Section 32	Township 18S		NMPM L	_ea	
	10. Elevation (Show whet 3879	her DF, RKB, RT, GR, etc.) GR			
Check .	Appropriate Box to Indicat	_ 	eport, or Other Da	<i>2222222222222222222222222222222222222</i>	
NOTICE OF INT			SEQUENT REP		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTE	ERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG	G AND ABANDONMENT	
PULL OR ALTER CASING	<u> </u>	CASING TEST AND CE	MENT JOB		
OTHER:		OTHER:			
12. Describe Proposed or Completed Open	mino (Clarka and all and a decide		hading perimeted data of sea		
work) SEE RULE 1103.	викви (Слеату жале ви ретинем велан	s, and give perioded dates, incl	ading estimated date of sid	rung any proposed	
12/14/94 thru 12/19/	[,] 94				
of cement on top of 5-1/2" casing at 238 2280'. Set 35 sx. o	Set CIBP @ 9000'. I CIBP. Spotted 25 sx B3'. Set 35 sx. cemen cement plug at 457'. stalled P & A marker.	. cement plugs @ nt plug at 2435'. Set 10 sx. cemen	5260' and 3250' Tagged top of	', Shot off cement at	
I hereby certify that the information above is true	and complete to the best of my knowledge an	d belief.			
SIGNATURE		mmæ Engineer	1	DATE January 5, 19	
//					

I hereby certify that the information above is true and complete to the best of my know	-	
TYPE OR PRINT NAME	TELEPHONE NO.	
(This space for State Use)	OIL & GAS INSPECTOR	APR 20 1995
APPROVED BY Tamy III	TITLE	- DATE

CONDITIONS OF APPROVAL, IF ANY

RECEIVED

JAN 0 6 1995 HOD HOBBS OFFICE