

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-32538
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VA-473
7. Lease Name or Unit Agreement Name La Rica "32" State
8. Well No. 1
9. Pool name or Wildcat E-K Bone Spring
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3879' GR

**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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. Name of Operator Mewbourne Oil Company
3. Address of Operator P.O. Box 5270 Hobbs, New Mexico 88241	4. Well Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>North</u> Line Section <u>32</u> Township <u>18S</u> Range <u>34E</u> NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3879' GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Test Additional Zone</u> <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

07/21/94 Perforated 2nd Bone Spring Carbonate, 9290'-9298', 8' net 4 SPF, 33 holes.  
07/23/94 Acidize w/2000 gallons 15% HCL acid.  
07/27/94 Acidize w/10,600 gallons gelled 20% HCL acid. Swab & test.  
07/30/94 Swab & test. 5% oil cut. Set CIBP @ 9270'. Cap w/2 sx. cement, Continue completion into First Bone Spring Sand. See C-105.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Erick W. Nelson TITLE Engineer DATE 08/18/94  
TYPE OR PRINT NAME Erick W. Nelson TELEPHONE NO. (505) 393-5905

(This space for State Use)

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

AUG 23 1994

RECEIVED

AUG 1 9 1994

RECEIVED  
OFFICE