

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

MIN. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS NEW MEXICO 88240
Budget Bureau No. 1004-0135
Expires: March 31, 1993

JAN 18 1995

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different lease
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
Mewbourne Oil Company

3. Address and Telephone No.
P. O. Box 7698, Tyler, Texas 75711 (903) 561-2900

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2310' FSL & 660' FWL of Sec. 22, T18S-R32E

5. Lease Designation and Serial No.
NM 04371-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
NMNM 91005X

8. Well Name and No. **Querecho Plains QA Sand Unit No. 9**

9. API Well No.
30-025-28190

10. Field and Pool, or Exploratory Area
Querecho Plains QN Assoc.

11. County or Parish, State
Lea

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

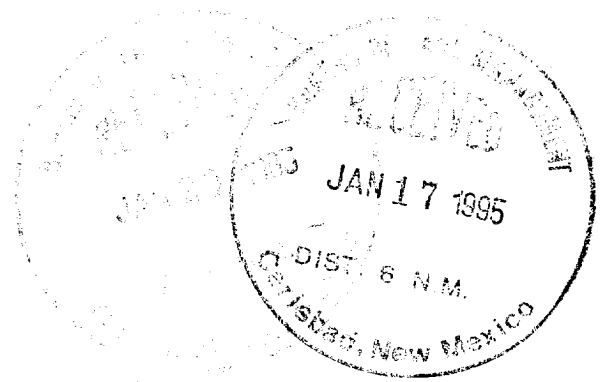
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other TA Status
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

This well has been brought into unit No. NMNM91005X and is being evaluated for use as an injector.

APPROVED FOR 12 MONTH PERIOD
ENDING 1/1/96



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

Signed [Signature] Title Engr. Oprns. Secretary Date 1/13/95

(This space for Federal or State office use)

Approved by (ORIG. SGD.) JOE G. LARA Title PETROLEUM ENGINEER Date 2/24/95

Conditions of approval, if any:

RECEIVED

21-00000
OFFICE