

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
Other instructions
reverse side

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Mewbourne Oil Company		8. FARM OR LEASE NAME Federal "H"	
3. ADDRESS OF OPERATOR P. O. Box 7698, Tyler, Texas 75711		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FSL & 330' FEL		10. FIELD AND POOL OR WILDCAT Querecho Plains - Upper Bone Springs	
14. PERMIT NO. API #30-025-29628		11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA 22-18S-32E	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3757'		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:

SUBSEQUENT REPORT OF:

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"/>	

WATER SHUT-OFF <input 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"/> Spud & set surface casing	
(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.)*

2/18/86 - Spud at 4:30 P.M. 2/18/86. Ran guide shoe, shoe joint (39.00'), insert float, 3 centralizers, 10 joints 13-3/8" 61# K-55 ST&C (404.35'). Total 444.70'. Set at 440'. Western cemented with 200 sacks Pacsetter lite with 1/4#/sack celloseal, 2% CaCl₂ and 200 sacks Class "C" with 2% CaCl₂. PD to 400' at 3:45 A.M. 2/19/86. Circulated 20 sacks.

ACCEPTED FOR RECORD

Guo
FEB 26 1986

CARISBAD, NE MEXICO

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

SIGNED

TITLE

Exploration Secretary

DATE

2/20/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

FEB 27 1986

O.C.D.
HOBBS OFFICE