

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR. LOCATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-013
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NM-68817
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 ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Mewbourne Oil Company	8. FARM OR LEASE NAME Federal "M"
3. ADDRESS OF OPERATOR P. O. Box 7698, Tyler, Texas 75711	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FWL & 330' FSL	10. FIELD AND POOL OR WILDCAT Querecho Plains - Upper Bone Springs
14. PERMIT NO. 30-025-30462	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 13-T18S-R32E
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3806.2' 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☒	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☒	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	(Other) ☐

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.) *

3/18/89 - Perforated Bone Springs as follows:

8424-34'	10' - 11 Holes
8453-84'	31' - 32 Holes
8486-94'	8' - 9 Holes
8509-14'	5' - 6 Holes
Total	54' - 58 Holes

3/24/89 - Fraced with 70,000 gallons gelled 2% KCL water + 78,750# 20/40 Ottawa Sand + 26,250# 20/40 resin coated sand.

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

SIGNED *Rayson Thompson* TITLE Engr. Oprns. Secretary DATE 4/19/89
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS