

Form 1160-5
(November 1987)
Formerly 9-331

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Attach instruction
on reverse side)

DATE
0 0 0 0

Form approved.
Budget Bureau No. 1001-00-0000
Expires August 31, 1988

5. LEASE DESIGNATION AND SERIAL NO.

NM-68817

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "M"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Querecho Plains - Upper
Bone Springs

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

13-T18S-R32E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Mewbourne Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 7698, Tyler, Texas 75711

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

14. PERMIT NO.

30-025-30462

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3806.2' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

COIL

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLAN

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

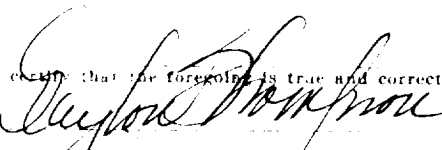
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS: (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

2/19/89 - Spudded at 5:30 P.M. 2/18/89.

2/20/89 - Ran 12 joints 13-3/8" 61# LS casing with IF in collar of first joint (450.13') set at 450'. Western cemented with 200 sacks Class "C" with 6% gel plus 2% CaCl₂ followed by 200 sacks Class "C" with 2% CaCl₂. Circulated 50 sacks. Plug down at 9:00 AM to 414' 2/19/89. Float held OK.

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

SIGNED



TITLE Engr. Oprns. Secretary

DATE 2/20/89

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS

CONDITIONS OF APPROVAL, IF ANY:

DATE

*See Instructions on Reverse Side