

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1030
HOBBS, N.M. MEXICO 88240

APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

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

2. Name of Operator
MEWBOURNE OIL COMPANY

3. Address and Telephone No.
P.O. BOX 5270, HOBBS, NM 88240

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980' FSL & 1980' FEL
SEC 14-T18S-R32E

5. Lease Designation and Serial No.
NM-40452

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation
NM 88523X

8. Well Name and No. QPBSSM 12B-3

SHINNERY "14" FED #3

9. API Well No.

30-025-30570

10. Field and Pool, or Exploratory Area

QUERECHO PAINS BONE SPRING

11. County or Parish, State

LEA COUNTY, NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

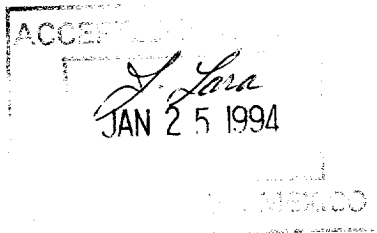
TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other INTEGRITY TEST
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

AN INTEGRITY TEST HAS BEEN PERFORMED ON THE SHINNERY FED. #3. THIS WELL IS INCLUDED IN THE MEWBOURNE OIL COMPANY'S QUERECHO PLAINS WATERFLOOD. THIS TEST WAS PERFORMED ON DEC. 23, 1993 AND WAS WITNESSED BY GARY WINK OF THE NMOCCD. THE CHART FOR THIS TEST IS ATTACHED.



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

Signed [Signature] Title ENGINEER

Date 1-3-1994

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

*See instruction on Reverse Side

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