

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

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|---|
| WELL API NO. 30-025-05679 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. UNIT K |
| 7. Lease Name or Unit Agreement Name HUSTON COM |
| 8. Well No. 1 |
| 9. Pool name or Wildcat EUMONT YATES 7 RIVERS QUEEN |

| | |
|---|--|
| 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" (FORM C-101) FOR SUCH PROPOSALS.) | |
| 1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | |
| 2. Name of Operator MEWBOURNE OIL COMPANY | |
| 3. Address of Operator P.O. BOX 5270 HOBBS, NM 88241 | |
| 4. Well Location Unit Letter MB 1650 Feet From The SOUTH Line and 1830 Feet From The WEST Line Section 21 Township 19-S Range 37E NMPM EDDY County | |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | |

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

PROPOSED WORK:

SET CIBP @ 3424' W/50' CMT
SPOT 100' PLUG FROM 1458' - 1358'; TAG
SPOT 100' PLUG FROM 400' - 300'
SPOT 50' PLUG SURFACE
INSTALL DRY HOLE MARKER

Perf & surface

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *Delton Caddell* TITLE DISTRICT MANAGER DATE 5/19/97
TYPE OR PRINT NAME DELTON CADDELL TELEPHONE NO. 505-392-6969

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

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

MAY 20 1997