

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division  
P.O. Box 1980  
Hobbs, NM 88241

FORM 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 6

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-0634C
2. Name of Operator MEWBOURNE OIL COMPANY	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. BOX 5270, HOBBS, NM 88241 (505) 393-5905	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2310' FSL & 2310' FWL SEC. 30-T20S-R39E	8. Well Name and No. WILSHIRE FEDERAL
	9. API Well No. 2
	10. Field and Pool, or Exploratory Area D-K ABO
	11. County or Parish, State LEA CO., NM

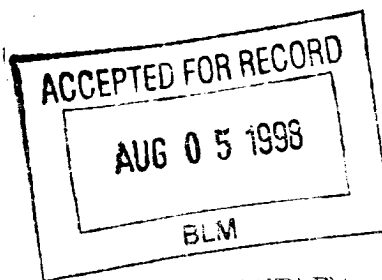
12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> 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.)\*

- 1) 4-1-97 RIH W/4-1/2" CIBP; SET @ 6518'
- 2) 4-1-97 CIRC HOLE W/10# MLB
- 3) 4-4-97 SPOT 25 SXS CMT @ 6518'-6140'
- 4) 4-4-97 SPOT 20 SXS CMT @ 2000'-1705'
- 5) 4-7-97 RIH W/TBG; TAG; TOC @ 1700'
- 6) 4-7-97 CUT 4-1/2" CSG @ 1692'
- 7) 4-7-97 SPOT 50 SXS CMT @ 1700'-1600'; NO TAG
- 8) 4-7-97 RESPOT 50 SXS CMT @ 1700'1600'
- 9) 4-8-97 RIH W/TBG; TAG TOC @ 1595'
- 10) 4-8-97 SPOT 30 SXS CMT @ 300'-184'
- 11) 4-8-97 SPOT 20 SXS CMT @ 60'-SURF
- 12) 4-8-97 INSTALL DRY HOLE MARKER



(ORIG. SGT.) GARY GOURLEY

Re-submitted

*Marc D. Murphy* District Manager

7-30-98

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

Signed *Marc D. Murphy*

Title P & A SUPERVISOR

Date 4/8/97

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

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