

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. 10-4-0135
Expires March 31, 1972

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.

5 Lease Designation and Serial No.
NM-0634C

6 If Indefinite or Time Period

7 If Unit or CA, Agreement Designation

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

SUBMIT IN TRIPLICATE

1 Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2 Name of Operator

Mewbourne Oil Company

3 Address and Telephone No.

P.O. Box 5270, Hobbs, NM 88241 (505) 393-5905

4 Location of Well (Footage, Sec., T., R., M. or Survey Description)

2310' FSL & 2310' FWL
Sec. 30-T20S-R39E

12 CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input checked="" 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 or Well Completion or Recompletion Report and Log form.)

13 Describe Proposed or Completed Operation. (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.)

Operator wishes to set CIBP @ 6930' and dump cement on top of CIBP to abandon existing perfs from 6981' to 7380'. Operator will recompleate to Tubb formation and return well to production.

14 I hereby certify that the foregoing is true and correct

Signed

Alexis C. Swoboda

Title

Engineer

Date

2/4/97

(This space for Federal or State office use)

(ORIG. SGD.) ALEXIS C. SWOBODA

Title

PEA

Date

2/4/97

Approved by

Conditions of approval, if any

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE BUREAU OF LAND MGMT
HOBBS, NM

1. Type of Well:
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
MEWBOURNE OIL COMPANY

3. Address and Telephone No.
P.O. BOX 5270, HOBBS, NM 88241 (505) 393-5905

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2310' FSL & 2310' FWL 30-20S-39E

FORM APPROVED
Budget Bureau No. 104-0135
Expires March 31, 1993

5. Lease Designation and Serial No.
NM-06340

6. If Indian, Allottee or Tribe Name
N.M. Oil Cons. Division

7. P.O. Box 1980
Hobbs, NM 88241

8. Well Name and No.
WILSHIRE FEDERAL 2

9. API Well No.
30-025-23681

10. Field and Pool or Exploratory Area
D-K ABO

11. County or Parish, State
LEA, NM

C CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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

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

E 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. Set CIBP @ 6900', Dump 2 SXS Cement.
2. Perforate Tubb Formation 6618'-6742'.
3. Test and Evaluate.
4. Acid/Fracture Tubb Formation.
5. Test and Evaluate.

RECEIVED
OCT 15 3 25 PM '96

B4 I hereby certify that the foregoing is true and correct.

Signed

Title ENGINEER

Date 10/09/96

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-0634C

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 ☐

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

2310' FSL & 2310' FWL of Section 30

14. PERMIT NO.
API #30-025-23681

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3557' FL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wilshire-Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

D-K Abo

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

30-20S-39E

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:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANE ☐
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☒ ABANDONMENT* ☐
(Other) ☐

(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.) *

1/17/86 - Did dump acid job of perforations 6981'-7380' with 1200 gallons
15% NE-FE acid. Flushed with 50 bbls 2% KCL water.

ACCEPTED FOR RECORD

Gurk
MAY 27 1986

CARISBAD, NEW MEXICO

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

SIGNED

TITLE *Engineering Operations Sec.*

DATE *5/19/86*

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0634C

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wilshire-Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

D-K Abo

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

30-T20S-R39E

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

2310' FSL & 2310' FWL of Section 30

14. PERMIT NO.

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

3557' GL

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 ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

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.)*

Upon approval from U.S.G.S. will acidize perforations 6981' - 7380' with 1,000 gallons of 20% HCL.

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

SIGNED

TITLE Exploration Secretary

DATE June 18, 1985

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 7-2-85

CONDITIONS OF APPROVAL, IF ANY: