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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K-4127	

<p align="center"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b></p> <p align="center"><small>(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.)</small></p>		
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name	
2. Name of Operator MEWBOURNE OIL COMPANY	8. Farm or Lease Name State "F"	
3. Address of Operator 330 Citizens Bank Building, Tyler, TX 75702	9. Well No. 1	
4. Location of Well UNIT LETTER <u>G</u> <u>1650</u> FEET FROM THE <u>East</u> LINE AND <u>1980</u> FEET FROM THE <u>North</u> LINE, SECTION <u>36</u> TOWNSHIP <u>21 S</u> RANGE <u>35 E</u> NMPM.	10. Field and Pool, or Wildcat Jalmat (Yates-Seven Rivers)	
15. Elevation (Show whether DF, RT, GR, etc.) 3613 GL	12. County Lea	

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
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PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

17. 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.

Propose to plug and abandon September 23, 1977.

Will set 25 Sack Plug at 3867'.  
10 Sack Plug at 1500'.  
10 Sack Plug at Surface.

No casing will be recovered.

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

SIGNED <u>Margaret Lotz</u>	TITLE <u>Production Clerk</u>	DATE <u>9/21/77</u>
APPROVED BY <u>John W. Runyan</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		