

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

5. Lease Designation and Serial No.
NMLC034548

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 reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Me-Tex Oil & Gas, Inc.

3. Address and Telephone No.

P.O. Box 2070, Hobbs, NM 88241

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

Unit Letter B, 890 Feet from the North Line and 2210 Feet from
East Line, Sec. 18, T22S, R37E

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Deck Federal #1

9. API Well No.

30-025-25665

10. Field and Pool, or Exploratory Area

Drinkard/Blinebry

11. County or Parish, State

Lea County

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 Changing tubing string
☐ 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.)*

Please change tubing string to read as follows:

Commingled Downhole

Deck Federal #1 - 300252566500C1 - Drinkard

300252566500C2 - Blinebry

Effective January 1997

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

Signed David R. Clark

Title Secretary/Treasurer

Date 1-9-97

(This space for use by State or Federal official)

Approved DAVID R. CLARK

Title

Date

Conditions of approval if any