# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED OMB No 1004-0135 Expires: January 31, 2004

5 Lease Serial No.

CUMPRY NOTICES AND DEPORTS ON WELLS	
SUNDRY NOTICES AND REPORTS ON WELLS	
not use this form for proposals to drill or to re-enter an	

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

NMNM-15	873	
6. If Indian,	Allottee or Tribe Nan	ne
ì		

SUBMITINTR	IPLICATE - Other instruc	tions on rever	se side	7. If Unit or CA/A	greement, Name and/or No.
1 Type of Well  ☐ Oil Well ☐ Gas Well ☐	Other	NO	V 06 2007	34571 8. Well Name and	i No.
2. Name of Operator		OCE	-ARTESIA	Victory 26 Fede	ral Com #1
Mewbourne Oil Company 1474	44			9. API Well No.	
3a. Address		3b. Phone No. (inclu	ide area code)	30-015-33900	F. 1
PO Box 5270 Hobbs, NM 882		505-393-5905		_!	or Exploratory Area
4. Location of Well (Footage, Sec.,	T, R., M., or Survey Description)			Burton Flats Mo	
660' FNL & 660' FEL, Unit Le	tter A of Sec 26-T20S-R28E			Eddy County, N	,
12. CHECK AP	PROPRIATE BOX(ES) TO	INDICATE NAT	URE OF NOTICE, R		
TYPE OF SUBMISSION		Т	YPE OF ACTION		
Notice of Intent	Acidize Alter Casing Casing Repair	Deepen Fracture Treat New Construction	Production (Star Reclamation Recomplete	_ \_	Water Shut-Off Well Integrity Other
Subsequent Report	Change Plans	Plug and Abandon	=	<del></del>	
Final Abandonment Notice	Convert to Injection		Water Disposal	•	
determined that the site is ready On 10/16/07, Mewbourne Oil Co plug. New PBTD at 11065'. Per 10/20/07.	mpany temporary isolated Morre				
14. 1 hereby certify that the foregoin Name (PrintedlTyped)	g is true and correct				
Kristi Green		Title	Hobbs Regulatory		
Signature Kall	Green	Date 10	0/22/07		
ACCEPTE	A THIS SPACE FO	R FEDERAL OR:	STATE OFFICE USE		
Approved by (Sigging)	VID R. GLAS	No.	Name Printed/Typed)	Title	
Conditions of approval if any the certify that the applicant holds legawhich would entitle the applicant to come the condition of the conditions of the cond	d or equitable title to those rights		Office		Date

(Continued on next page)

Title 18 U.S.C. Section 1001 may the #3 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudilent statements of the United States any false, fictitious or fraudilent statements of the United States any false, fictitious or fraudilent statements of the United States any false, fictitious or fraudilent statements of the United States any false, fictitious or fraudilent statements of the United States any false, fictitious or fraudilent statements of the United States any false, fictitious or fraudilent statements of the United States and the Uni

### UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED OMB No 1004-0135 Expires January 31, 2004

6. If Indian, Allottee or Tribe Name

5 Lease Serial No

NMNM-15873

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0 r 0 n	A service

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well lise Form 3160-3 (APD) for such proposals

apandoneu w	ell. USe FOITH 3160-3 (APD) 10	or such proposais.			
SUBMIT IN TR	IPLICATE - Other instruct	ions on reverse si	de	7 If Unit or CA/A	greement, Name and/or No.
1. Type of Well				34571	
Oil Well Gas Well Other		FEB 12 2008	3	8. Well Name and	
2. Name of Operator		OCD-ARTES		Victory 26 Fede	ral Com #1 WC S
Mewbourne Oil Company 1474	<del></del>		<del></del>	9 API Well No.	
3a Address	[ ]	3b. Phone No. (include are	ea code)	30-015-33900	E al alamana
PO Box 5270 Hobbs, NM 882		05-393-5905	<u>.</u>		, or Exploratory Area
4. Location of Well (Footage, Sec.,	T, R., M., or Survey Description)			11. County or Pari	Ifcamp North 73520 sh. State
660' FNL & 660' FEL, Unit Le	tter A of Sec 26-T20S-R28E			Eddy County, N	
12. CHECK AP	PROPRIATE BOX(ES) TO IN	DICATE NATURE	OF NOTICE, RI		
TYPE OF SUBMISSION		TYPE	OF ACTION		
	Acidize	Deepen [	Production (Start	/Resume)	Water Shut-Off
Notice of Intent	Alter Casing	Fracture Treat	Reclamation	=	Well Integrity
F71 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Casing Repair	New Construction	Recomplete		Other Isolate Wolfcamp.
Subsequent Report	Change Plans	Plug and Abandon	Temporarily Aba		Put Morrow back on
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal		production.
with a plug @ 11100'. On 01/11/0	e above captioned well producing 08, drilled out plug & cleaned out production. Wolfcamp perfs 9330	to original PBTD 11600	)'. RIH w/2 7/8" t Γ	ACCEPTEI  FEB  BUREAU OF I	he Morrow was isolated @ 11090'. Put Morrow  D FOR RECORD  1 0 2008  A
14 1 hereby certify that the foregoin Name (PrintedlTyped)	g is true and correct	1			
Jackie Lathan		Title Hobb	os Regulatory		
Signature Or P. 0	Lathan)	Date 01/25/0			
	THIS SPACE FOR	FEDERAL OR STAT	with a state of the		
Approved by (Signature)		Name (Printed)	(Typed)	Title	
Conditions of approval, if any, are certify that the applicant holds legs	attached Approval of this notice do	es not warrant or Office	<del></del>	4	Date

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

# N.M. Oil Cons. DIV-Dist. 2 DEPARTMENT OF THE IN 130 dr.W. Grand Avenue

FORM APPROVED OMB No. 1004-0135 Expires: January 31, 2004

BUREAU OF LAND MANAGEMENT SIA, NM 88210
SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No. NMNM-15873

6. If Indian, Allottee or Tribe Name

. SUBMIT IN TRI	PLICATE - Other instru	ctions on rever	se side	7. If Unit or CA	/Agreement, Name	and/or No.
1. Type of Well				34571		
Oil Well Gas Well	Other		RECEIVED	8. Well Name	and No.	
2. Name of Operator				Victory 26 Fe	deral Com #1	
Mewbourne Oil Company 1474	4		MAR 2 2 2005	9. API Well N		
3a. Address		3b. Phone No. (incl.	ude area sode) = a un	30-015-33900	)	
PO Box 5270 Hobbs, NM 882	40	505-393-5905		10. Field and Po	ool, or Exploratory A	rea
4. Location of Well (Footage, Sec.,		1303 333 3305	· · · · · · · · · · · · · · · · · · ·	Burton Flats	Morrow 73280	
,, Louisi of wen (1 conge, cor,	-,,,,,,			11. County or P	arish, State	
660' FNL & 660' FEL, Unit Let	ter A of Sec 26-T20S-R28E			Ì		
				Eddy County	, NM	
12. CHECK APP	PROPRIATE BOX(ES) TO	INDICATE NAT	URE OF NOTICE, R	EPORT, OR O	THER DATA	
TYPE OF SUBMISSION		·	TYPE OF ACTION			
	Acidize [	Deepen	Production (Star	t/Resume)	Water Shut-Off	
Notice of Intent	Alter Casing	Fracture Treat	Reclamation		Well Integrity	
Subsequent Report	Casing Repair	New Construction	Recomplete	$\overline{\square}$	Other Spud and	i Cement
Subsequent Report	Change Plans	Plug and Abandon	n Temporarily Ab	oandon —	job	
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal		<del></del>	
Drilled out with 17 1/2 03/12/05TD'ed 17 1/2" hole @ 1 Mixed @ 12.5 /g w/ 1.	.98 yd. Tail with 200 sks Class "bit.	s C with 2% CaCl2.  5 J55 ST&C Csg. C "C" with 2% CaCl2	Mixed @ 14.8 #/g w/ 1 emented with 750 sks 35 2. Mixed @ 14.8 #/g w/	.34 yd. Circ 147 5:65:6 BJ Lite Po 1.34 yd. Circ 11 nt passed. Drilled	z Class C with add 0 sks to pit. WOO d out with 12 1/4"	18 hrs. litives. C 18 hrs. bit.
14. 1 hereby certify that the foregoing	g is true and correct				000	<del>                                     </del>
Name (PrintedlTyped)	9 AT MILT TT. 1981			ALEXIS	C. SWOBODA EUM ENGINEER	,
Kristi Green		Title	Hobbs Regulatory	LILINOLL	TOM ENGINEER	
Signature Pustu	: Gle-	Date (	03/15/05			
	V. THIS SPACERO	rederalor	STATE OFFICE USE	resident of the second of the	The state of the s	)  -
Approved by (Signature)			Name (Printed/Typed)	Tit	le	
Conditions of approval, if any, are a certify that the applicant holds lega which would entitle the applicant to c	l or equitable title to those rights	does not warrant or in the subject lease	Office		Date	

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

### UNITED STATES N.M. Oil Cons. DIV-Digt. 2

FORM APPROVED OMB No. 1004-0135

	DEPARTMENT OF THE IN		'. Grand Aver	118 Expi	res: January 31, 2004
I	BUREAU OF LAND MANAG	FRM RNT		5 t 0 : 1	No.
SUNDR	RY NOTICES AND REPOR	TS ON WELL	et mai oog i	NMNM-1587	3
Do not use the	nis form for proposals to di ell. Use Form 3160-3 (APD) i	rill or to re-en for such prope	ter an Seale	6. If Indian, All	ottee or Tribe Name
abandoned we	eli. Use Forili 3100-3 (AFD) i	ioi sucii prope	<i>1</i> 3a13.		
				7. If Unit or CA	/Agreement, Name and/or No.
I SUBMINITE	RIPLICATE - Other instruc	tions on reve	irse side		
1. Type of Well			And the second s	34571	
Oil Well 🖸 Gas Well 🕻	Other			8. Well Name	and No.
2. Name of Operator				Victory 26 Fe	
Mewbourne Oil Company 1474	744			9. API Well N	
3a. Address	′	3b. Phone No. (in	clude area code	30-015-33900	
PO Box 5270 Hobbs, NM 882	240	505-393-5905		i	ool, or Exploratory Area
4. Location of Well (Footage, Sec.,	, T, R., M., or Survey Description)		APR 0 7 2005		Morrow 73280
660' FNL & 660' FEL, Unit Le	etter A of Sec 26-T20S-R28F		OCD-ARTES	11. County or P	ansii, state
000 FNL & 000 FEL, Ollit Le	eller A 01 Sec 20-1203-R28E			Eddy County	. NM
12 CHECK AP	PROPRIATE BOX(ES) TO I	INDICATE NA	TURE OF NOTICE R		
TYPE OF SUBMISSION	TROTRIATE BOX(ES) TO I	INDICATE NA	TYPE OF ACTION	dr oki, ok o	THERE BY IT
TITE OF BODINISSION					
Notice of Intent	Acidize	Deepen	Production (Star	rt/Resume)	Water Shut-Off
Notice of Intent	Alter Casing	Fracture Treat	Reclamation		Well Integrity
Subsequent Report	Casing Repair	New Constructi	= '		
Final Abandonment Notice	Change Plans	Plug and Aband			Csg test
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal		
If the proposal is to deepen dire Attach the Bond under which the following completion of the inv	ed Operation (clearly state all pertine ectionally or recomplete horizontally, the work will be performed or provice volved operations. If the operation renal Abandonment Notices shall be fix for final inspection.)	, give subsurface lo de the Bond No. or sults in a multiple	cations and measured and true if the case of the case	ue vertical depths of red subsequent repo in a new interval, a	f all pertinent markers and zones orts shall be filed within 30 days a Form 3160-4 shall be filed once
14.6 /g w/ 1.52 yd. F 2% CaCl2. Mixed @ Class C neat. Tagged	2963'. Ran 2963' 9 5/8" 40# N80 Followed with 800 sks 35:65:6 B 3 14.8 #/g w/ 1.34 yd. Ran Temp 1 at 513'. Cement 2nd plug with 1: d 9 5/8" casing to 1500# for 30 m	BJ Lite C with add Survey. TOC a 55 sks Class C N	ditives. Mixed @ 12.5 #/g t 1100'. RIH with 1" and eat. WOC 18 hrs. At 7:1 d: All equipment passed.	g w/ 1.94 yd. Tail tag at 1120'. Cen 5 pm on 03/18/03 Charts and schen RECORD	with 400 sks Class "C" with nent 1st plug with 150 sks 5, test BOPE to 5000#,
			APR - 5  LES BABY PETROLEUM E	YAK	
14. 1 hereby certify that the foregoin Name (PrintedlTyped)	ng is true and correct				
Kristi Green		Titl	e Hobbs Regulatory		
4/	1				

Signature South green Date 03/23/05 Approved by (Signature) (Printed/Typed) Office Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. Date

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**WELDING SERVICES, INC. 2.**O. Box 1541 • Lovington, N.M. 88260 *BUS*: 505 396-4540 • *FAX*: 505 396-0044



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1NVOICE B 3345

Company Membourne Lease Victory 26	OIL C	<u>().</u> Date	3-185-00	Start Time / Start	State_ <i>N</i> . / \( \( \lambda \).
Company Man					
Wellhead Vender		Tester			
Drlg. Contractor Patt. 117 I				Rig #	15
Tool Pusher					
Tool Pusher		Plug Size/	'/ '	_Drill Pipe Size_4/	2 XH
Casing Valve Opened			_ Check Valve Oper	yes .	
ANNULAR 15  PIPE RAMS 12  Blind RAMS 13  RAMS 14	26 2 4 8b	Rotating Head	24 22 22 22 22 22 22 22 22 22 22 22 22 2	19.	17
TEST # ITEMS TESTED	3 1 25 TEST LENGTH	LOW PSI HIGH PSI	21,	20  REMARKS	<u>16</u>
1. 13, 10, 26, 1, 6	Dmin	5000	# 25 1	A Had to	tolden.
2.13,9,2,3,5	10	5000	,	Flanges	
3, 13, 11, 4, 3, 5	10	5000			
4. 12, 11, 8	10	5000			
5 17, 11, 4	10	<b>500</b> 0			
6. 15 11 7	10	2500			
7 16	120	5m	<u>.</u>		
8.17	10	500			
9. 78	10	500	·		
10. 19			Darl val	10 # 19 11	0 /15
			1.1	Il replace	
		[			
			A A SECTION ASSESSMENT	Artight .	
9 400 00				SUR TOTAL	1-110

# MAN WELDING SERVICES, W.

Company Mewbourne	0:1 (0.	Date3/8-	< 5		
Lease Victory 26	Fed con	County Eddy	1.71.	•	·
Drilling Contractor Path	ITI #4	5 Plug & Drill Pipe	Size <i>C</i> .2.2	11.1	1/2 XH

### **Accumulator Function Test - OO&GO#2**

To Check - USABLE FLUID IN THE NITROGEN BOTLES (III.A.2.c.i. or ii or iii)

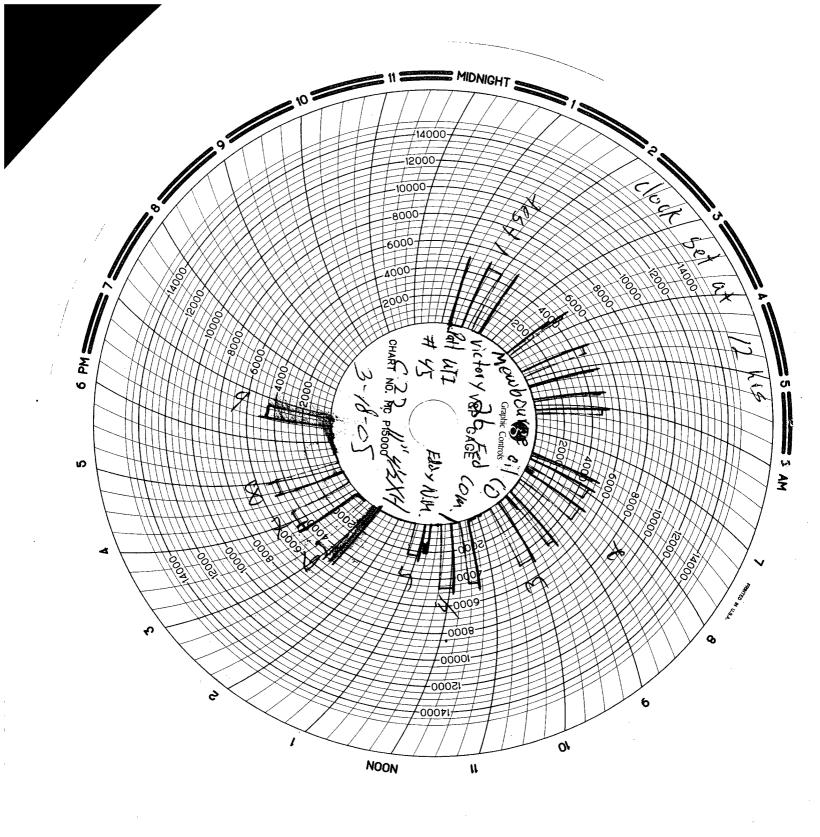
- Make sure all rams and annular are open and if applicable HCR is closed.
- Ensure accumulator is pumped up to working pressure! (Shut off all pumps)
  - 1. Open HCR Valve. (If applicable)
  - 2. Close annular.
  - 3. Close all pipe rams.
  - 4. Open one set of the pipe rams to simulate closing the blind ram.
  - 5. For 3 ram stacks, open the annular to achieve the 50+ % safety factor. (5M and greater systems).
  - 6. Record remaining pressure 21450 psi. Test Fails if pressure is lower than required.
  - **a.**{950 psi for a 1500 psi system} **b.** {1200 psi for a 2000 & 3000 psi system}
  - 7. If annular is closed, open it at this time and close HCR.

### To Check - PRECHARGE ON BOTTLES OR SPHERICAL (III.A.2.d.)

- Start with manifold pressure at, or above, maximun acceptable pre-charge pressure:
  - **a.** {800 psi for a 1500 psi system} **b.** {1100 psi for 2000 and 3000 psi system}
  - 1. Open bleed line to the tank, slowly. (gauge needle will drop at the lowest bottle pressure)
  - 2. Close bleed line. Barely bump electric pump and see what pressure the needle jumps up to.
  - 3. Record pressure drop 100 psi. Test fails if pressure drops below minimum.
- Minimum: a. {700 psi for a 1500 psi system } b. {900 psi for a 2000 & 3000 psi system}

### To Check - THE CAPACITY OF THE ACCUMULATOR PUMPS (III.A.2.f.)

- Isolate the accumulator bottles or spherical from the pumps & manifold.
- Open the bleed off valve to the tank, {manifold psi should go to 0 psi} close bleed valve.
  - 1. Open the HCR valve, {if applicable}
  - 2. Close annular
  - 3. With pumps only, time how long it takes to regain the required manifold pressure.
    4. Record elapsed time 23 6. Test fails if it takes over 2 minutes.
- **a.** {950 psi for a 1500 psi system} **b.** {1200 psi for a 2000 & 3000 psi system}



## UNITED STATES M. CHICONG. DIV-DISC 2

DEPARTMENT OF THE INTERIOR W. Grand Avenue BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0135 Expires: January 31, 2004

SUNDRY NOTICES AND REPORTS ON WELLS NOT 88210

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

5. Lease Serial No.

NMNM-15873
6. If Indian, Allottee or Tribe Name

SUBMIT IN TR	PLICATE - Other instru	ctions on rever	se side	7. If Unit or C	CA/Agreement, Name a	nd/or No.
1. Type of Well			RECEIVED	34571		
Oil Well Gas Well	Other		APR 2.8 2005	8. Well Name	e and No.	
2. Name of Operator			Mh	Victory 26 I	Federal Com #1	
Mewbourne Oil Company 1474	l4		ODD:ARTERIA	9. API Well	No.	
3a. Address		3b. Phone No. (incl		30-015-339	00	
PO Box 5270 Hobbs, NM 882	40	505-393-5905		10. Field and	Pool, or Exploratory Ar	ea
4. Location of Well (Footage, Sec.,		1303+373+3703		Burton Flat	s Morrow 73280	
4. Docation of Wen (1 conage, Ecc.,	1, 10, Mi, or Darvey Description,			11. County or	Parish, State	
660' FNL & 660' FEL, Unit Let	ter A of Sec 26-T20S-R28E			Eddy Count	ty, NM	
12. CHECK API	PROPRIATE BOX(ES) TO	INDICATE NAT	URE OF NOTICE, R			
TYPE OF SUBMISSION			TYPE OF ACTION			
	Acidize [	Deepen	Production (Start	(Paguma) [	Water Shut-Off	
☐ Notice of Intent	= :	<b>_</b> ·		/Resume) [	<del>_</del>	
	Alter Casing	Fracture Treat	Reclamation	Ļ	Well Integrity	20
Subsequent Report	Casing Repair	New Construction	=	•	Other TD and To	<del></del> _
Final Ahandonment Notice	Change Plans	Plug and Abando	=	andon		
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal			
and open DV tool @ 8 Mixed @ 13.2 /g w/1.	es. Mixed @ 13.2 /g w/1.64 yo 352'. Circ 125 sks to pit. WOO .64 yd. Tail with 300 sks Class 30 am 04/15/05, test 5 1/2" cas m 04/15/05.	<ol> <li>Tail with 550 sks</li> <li>18 hrs. Cemented</li> <li>"H" with additives</li> </ol>	s Class "H" with additive I 2nd stage with 1400 sks Mixed @ 15.1 #/g w/ 1	s. Mixed @ 15 s 61:15:11 Sup .28 yd. Lift pr 35k on slips. ACCEPT	5.1 #/g w/ 1.28 yd. Der H Modified with a ressure at 2000# at 3 I	rop bomb dditives. BPM.
				DETE	LES BABYAK OLEUM ENGINEE	R
14. 1 hereby certify that the foregoin	g is true and correct			T PEIK	VELCIVE CICONICA	
Name (PrintedlTyped)	P 10 # 104 # 1051	1				
Kristi Green		Title	Hobbs Regulatory			
Signature Tusti	green	Date	04/12/05			
	THIS SPACE FO		STATE OFFICE USE			
Approved by (Signature)			Name (Printed/Typed)	Т	itle	
Conditions of approval, if any, are certify that the applicant holds lega which would entitle the applicant to c	I or equitable title to those rights	does not warrant or in the subject lease	Office		Date	
Title 18 U.S.C. Section 1001 and Tit States any false, fictitious or fraudule	le 43 U.S.C. Section 1212, make it nt statements or representations as	t a crime for any pers to any matter within it	on knowingly and willfully is jurisdiction.	to make to any d	lepartment or agency of	the United