Submit 1 Copy To Appropriate District Office	Energy, Minerals and Natural Resources Energy 748-1283		Form C-103
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240			Revised August 1, 2011 WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210			30-015-40863
District III - (505) 334-6178	1220 South St. Fran	icis Dr.	5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460	Santa Fe, NM 87	505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	1220 S. St. Francis Dr., Santa Fe, NM 87505		V-7377
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" (FORM C-101) FOR SUCH			7. Lease Name or Unit Agreement Name
			Skeen 21 DM State
PROPOSALS.) 1. Type of Well: Oil Well 🖾 Gas Well 🗌 Other			8. Well Number 1H
2. Name of Operator		9. OGRID Number 14744	
Mewbourne Oil Company			10. Declarate or Wildow
3. Address of Operator PO Box 5270, Hobbs, NM 88240			10. Pool name or Wildcat Hay Hollow; Bone Spring
4. Well Location			
	150feet from theNorth	line and 500	feet from the West line
Section 21	1	Range 28E	NMPM Eddy County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3054' GL			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF IN	NTENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK  ALTERING CASING			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A CURLE OF ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB			
		CASING/CEMEN	
			· · ·
OTHER: Change surface csg w 13. Describe proposed or com		OTHER: pertinent details, and	d give pertinent dates, including estimated date
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.			
	,		RECEIVED
Mewbourne Oil Company has an approved APD for the above captioned well.			
			APR 19 2013
we would like to change the sufface casing weight from 54.5% to 46%.			1
If you have any questions, please call Levi Jackson			
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Spud Date:	Rig Release Da	te:	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE Fathan TITLE_RegulatoryDATE_04/17/13			
Type or print name _ackie Lathan E-mail address: jlathan@mewbourne.com PHONE: _575-393-5905			
For State Use Only			
APPROVED BY: Male TITLE Drs- HSupluison DATE 4/24/2013			
Conditions of Approval (if any):			