Submit I Copy To Appropriate District	State of New Mexico	Form C-103
Office	Energy, Minerals and Natural Resources	Revised July 18, 2013
District 1 – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO. 30-015-40984
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A TION FOR PERMIT" (FORM C-101) FOR SUCH	Black Lake 7 NC State Com
	as Well 🔲 Other	8. Well Number 1H
2. Name of Operator Mewbourne Oil Company		9. OGRID Number 14744
3. Address of Operator		10. Pool name or Wildcat
PO Box 5270, Hobbs NM 88241		Willow Lake; Bone Spring West 96415
4. Well Location		
	_150feet from theSouth line and _215	
Secțion 7	Township 25S Range 28E	NMPM Eddy County
	11. Elevation (Show whether DR, RKB, RT, GR, e 3047' GL	tc.)
12. Check Ap	ppropriate Box to Indicate Nature of Notic	e, Report or Other Data
NOTICE OF INT		IBSEQUENT REPORT OF:
	PLUG AND ABANDON C REMEDIAL WO	
		RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		_
OTHER:	ted operations. (Clearly state all pertinent details,	and give nortinent dates, including estimated date
of starting any proposed work proposed completion or recor	k). SEE RULE 19.15.7.14 NMAC. For Multiple C	Completions: Attach wellbore diagram of
09/16/13 TD'ed 6 ¼" hole @ 12540' 20 stage tools w/20 pkrs & liner hange	MD. Ran 4 ½" 13.5# P110 LT&C csg w/Baker st r. Top of liner @ 7949' MD	aging tools. End of casing @ 12512' MD. Ran
		RECEIVED
		SEP 30 2013
Spud Date: 08/28/13	Rig Release Date: 09/19/13	NMOOD ADTRON
		NMOCD ARTESIA
I have have a first start and the second start and		
Thereby certify that the information ac	ove is true and complete to the best of my knowle	dge and belief.
SIGNATURE	Pathan TITLE_ Regulatory Analyst_	DATE 00/26/12
	(ITTEL Regulatory Analysi	DATL09/20/15
Type or print name_Jackie Lathar	E-mail address: _jlathan@mewbo	ourne.com PHONE: _575-393-5905
APPROVED BY:	De TITLE DET ASA	UUIS DATE 9/30/13
Conditions of Approval (if any):		

SIGNATURE Pathan TITLE_Regulatory AnalystDATE_09/26/13
Type or print name_Jackie Lathan E-mail address: _jlathan@mewbourne.com PHONE: _575-393-5905
For State Use Only
NI YOU DE IL DAVED CHAIR
APPROVED BY: DATE TITLE AS A COULS DATE TOTS
Conditions of Approval (if any):