Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103 Revised August 1, 2011
<u>District I</u> = (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> = (575) 748-1283	Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION	WELL API NO. 30-015-41747
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	5. Indicate Type of Lease 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.
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO	ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name
PROPOSALS.)		Winchester 36 HE State 8. Well Number 1 H
Type of Well: Oil Well Name of Operator	Gas Well Other	9. OGRID Number
Mewbourne Oil Company		14744
3. Address of Operator		10. Pool name or Wildcat
PO Box 5270, Hobbs, New Mexico)	Winchester; Bone Spring 65010
4. Well Location	2000	
	2370 feet from the North line and 15	
Section 36	Township 19S Range 28E 11. Elevation (Show whether DR, RKB, RT, GR,	NMPM Eddy County
	3285' GL	erc.)
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE OTHER: 13. Describe proposed or compof starting any proposed we proposed completion or recomposed completion or recomposed to the composed completion or recomposed completion or recomposed to the composed completion or recomposed completion or recompletion or recomposed completion or recomposed completion or reco	PLUG AND ABANDON REMEDIAL V CHANGE PLANS COMMENCE CASING/CEM OTHER: Oleted operations. (Clearly state all pertinent details ork). SEE RULE 19.15.7.14 NMAC. For Multiple completion. O' MD. Ran 4 ½" 13.5# P110 LT&C csg w/Baker ger. Top of liner @ 7775' MD	SUBSEQUENT REPORT OF: VORK ALTERING CASING AL
Spud Date: 03/07/14	Rig Release Date:	03/28/2014 NACCO ARTESIA
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE COLO	Lathan TITLE Hobbs Regulatory_	DATE_03/31/14
Type or print name _ Jackie Lathan_	E-mail address: jlathan@mewb	ourne.com PHONE: _575-393-5905
APPROVED BY: Conditions of Approval (if any):	Q TITLE DIST BSyca	DATE 4-1-2019