

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-39425
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Delaware Ranch 14 Fee
8. Well Number #3H
9. OGRID Number 14744
10. Pool name or Wildcat Bone Spring

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 PROPOSALS.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Mewbourne Oil Company

3. Address of Operator
PO Box 5270, Hobbs, NM 88240

4. Well Location

Unit Letter B : 170 feet from the North line and 1700 feet from the East line
Section 14 Township 26S Range 28E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
2970' GL

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☒

SUBSEQUENT REPORT OF:

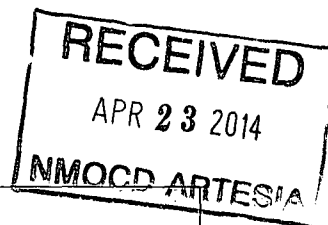
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and 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.

(313250)

MOC would like to change the well name to Delaware Ranch 14 B2BO Fee #1H. MOC would also like to change the target to a 2nd Bone Springs well. Please see attached sheet for casing changes.



Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Bradley Bishop TITLE _____ DATE _____

Type or print name Bradley Bishop E-mail address: Bbishop@mewbourne.com PHONE: 575-393-5905

For State Use Only

APPROVED BY: JDade TITLE Dist. Supervisor DATE 5/12/14

Conditions of Approval (if any):

MOC would like to change the target zone to 2nd Bone Spring Sand & make the following changes to the casing design:

Type	Hole Size	Casing Type	Casing Weight	Setting Depth	Sks Cmt	TOC
Int 2	8.75"	7"	26	8500'	600	2400'
Prod	6.125"	4.5"	13.5	12,850'	0	0