Submit I Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District 1</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 <u>District II</u> – (575) 748-1283	OIL CONSERVATION DIVISION	30-015-42436
811 S. First St., Artesia. NM 88210 District III – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE T FEE 🔀
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC	CES 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 Quick Draw 10 Y1BO Fee
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🔲 Other	8. Well Number 2H
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 88240 4. Well Location		N Seven Rivers Glorieta-Yeso
Unit Letter B :	260 feet from the South line and	1815 feet from the Eastline
Section 10	Township 20S Range 25E	NMPM County Eddy
	11. Elevation (Show whether DR, RKB, RT, GR, etc. 3411' GL	c.) A second
	a <u></u>	Tanu dana sana sa a tana a
12. Check A	Appropriate Box to Indicate Nature of Notice	, Report or Other Data
NOTICE OF IN		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON C REMEDIAL WO CHANGE PLANS COMMENCE DF	RK
PULL OR ALTER CASING		ит јов
OTHER:	Image: Other interview leted operations. (Clearly state all pertinent details, a	nd aius partinant datas, including astimated data
	rk). SEE RULE 19.15.7.14 NMAC. For Multiple Co	
	proved APD for the above well. MOC would like to expression to unit letter "O" & BHL unit letter to	
		NM OIL CONSERVATION ARTESIA DISTRICT
		JUN 20 2014
		RECEIVED
[
Spud Date:	Rig Release Date:	
Lhereby cartify that the information	above is true and complete to the best of my knowled	as and haliaf
		ge and benef.
SIGNATURE	ista TITLE Regulating	DATE 6-19-14
Type or print name <u>Bradley Bishop</u> For State Use Only	E-mail address:	PHONE: _575-393-5905_
APPROVED BY:	De TITLE De ST FSpen	DATIG /24/14

APPROVED BY: Conditions of Approval (if any):

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