Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia. NM 88210	OIL CONSERVATION DIVISION	30-015-39425
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease  STATE 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		
SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
1 ,	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	Delaware Ranch 14 B2BO Fee
PROPOSALS.)		8. Well Number 1H
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 Mexic  4. Well Location	0	Red Bluff Bone Spring South 51010
	170feet from theNorth line and170	0 feet from the East line
Section 14	Township 26S Range 28E	NMPM Eddy County
	11. Elevation (Show whether DR, RKB, RT, GR, etc. 2970' GL	, , , , , , , , , , , , , , , , , , , ,
40 01 1		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN	NTENTION TO: SUE	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WOR	
TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐	_	RILLING OPNS. P AND A
DOWNHOLE COMMINGLE	MOLTIFLE COMFL CASING/CEMEN	NT JOB ⊠
OTHER	C OTHER	
OTHER:  13 Describe proposed or com	OTHER:  oleted operations. (Clearly state all pertinent details, a	nd give pertinent dates, including estimated date
	ork). SEE RULE 19.15.7.14 NMAC. For Multiple Co	
	5' MD. Ran 5 $\frac{1}{2}$ " 17# HCP110 LT&C & BT&C csg to 1.2#/g w/3.01 yd. Plug down @ 10:45 A.M 09/14/14. ck-off to 3500#.	
		NM OIL CONSERVATION
		ARTESIA DISTRICT
Spud Date: 08/23/2014	Rig Release Date: 09/14/20	SEP <b>2 5 2014</b>
		RECEIVED
I hereby certify that the information	above is true and complete to the best of my knowled	ge and belief.
_ ,	10	
SIGNATURE CELLE	Fathan_TITLE_Hobbs Regulatory	DATE_09/23/14
Type or print name _Jackie Lathan_For State Use Only	E-mail address: jlathan@mewbour	rne.com PHONE: _575-393-5905
	COL TITLE DUT PSUD	DATE 9-25-2014
APPROVED BY: (1 any):	TITLE UST CITCUP	UN ON DATE 7-00 OPLY