

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONSERVATION

ARTESIA DISTRICT

OCD Artesia
JAN 13 2015FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**SUNDRY NOTICES AND REPORTS ON WELLS**
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

RECEIVED

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
MEWBOURNE OIL COMPANYContact: JACKIE LATHAN
E-Mail: jlathan@mewbourne.com3a. Address
PO BOX 5270
HOBBS, NM 882413b. Phone No. (include area code)
Ph: 575-393-5905

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 26 T18S R30E Mer NMP SWNW 1880FNL 330FWL

5. Lease Serial No.

SL- NMNMO33775, BL- LC058186

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

NM 133866

8. Well Name and No.

URSA 27 B2EH FED COM 1H

9. API Well No.

30-015-42596

10. Field and Pool, or Exploratory

BONE SPRING

11. County or Parish, and State

EDDY COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

09/13/14 TD 12 1/4" hole @ 1682'. Ran 1682' of 9 5/8" 36# J55 LT&C csg. Cmt w/350 sks of Class C (35:65:4) w/additives. Mixed @ 12.5#/g w/2.20 yd. Tail w/200 sks Class C w/1% CaCl2. Mixed @ 14.8#/g w/1.32 yd. Plug down @ 10:00 P.M. 09/13/14. Circ 158 sks of cmt to the pit. Tested BOPE to 3000# & Annular to 1500#. At 4:30 A.M. 09/15/14, tested csg to 1500# for 30 mins, held OK. Drilled out with 8 3/4" bit.

Chart & Schematic attached.

Bond on file: 22015694 Nationwide & 022041703 Statewide

ACCEPTED FOR RECORD
JAN 13 2015

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #265935 verified by the BLM Well Information System
For MEWBOURNE OIL COMPANY, sent to the Carlsbad
Committed to AFMSS for processing by DEBORAH HAM on 01/02/2015

Name (Printed/Typed) JACKIE LATHAN

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 09/25/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **

MAN WELDING SERVICES, INC

Company Mimbourn Oil & Gas Date 9-14-14

Lease URSA 27 B2EH Fed 10m #1H County Eddy NM

Drilling Contractor Peterson 41 Plug & Drill Pipe Size 11" 1-22 4 1/2 x H

Accumulator Pressure: 3000 Manifold Pressure: 1600 Annular Pressure: 1100

Accumulator Function Test - OO&GO#2

To Check - **USABLE FLUID IN THE NITROGEN BOTTLES** (III.A.2.c.i. or ii or iii)

- ⊙ Make sure all rams and annular are open and if applicable HCR is closed.
- ⊙ Ensure accumulator is pumped up to working pressure! (Shut off all pumps)
 - 1. Open HCR Valve. (If applicable)
 - 2. Close annular.
 - 3. Close all pipe rams.
 - 4. Open one set of the pipe rams to simulate closing the blind ram.
 - 5. For 3 ram stacks, open the annular to achieve the 50+ % safety factor. (5M and greater systems).
 - 6. Record remaining pressure 1500 psi. Test Fails if pressure is lower than required.
 - ⊙ a. {950 psi for a 1500 psi system} b. {1200 psi for a 2000 & 3000 psi system}
 - 7. If annular is closed, open it at this time and close HCR.

To Check - **PRECHARGE ON BOTTLES OR SPHERICAL** (III.A.2.d.)

- ⊙ Start with manifold pressure at, or above, maximum acceptable pre-charge pressure:
 - a. {800 psi for a 1500 psi system} b. {1100 psi for 2000 and 3000 psi system}
- 1. Open bleed line to the tank, slowly. (gauge needle will drop at the lowest bottle pressure)
- 2. Close bleed line. Barely bump electric pump and see what pressure the needle jumps up to.
- 3. Record pressure drop 1000 psi. Test fails if pressure drops below minimum.
- ⊙ Minimum: a. {700 psi for a 1500 psi system} b. {900 psi for a 2000 & 3000 psi system}

To Check - **THE CAPACITY OF THE ACCUMULATOR PUMPS** (III.A.2.f.)

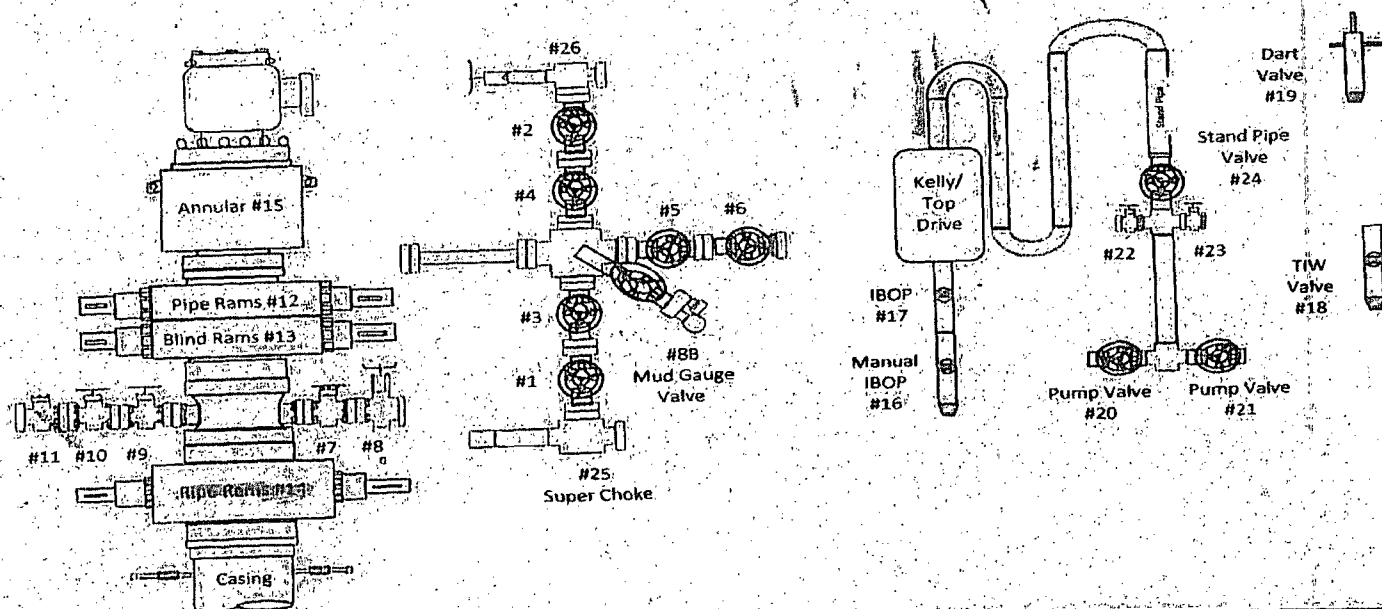
- ⊙ Isolate the accumulator bottles or spherical from the pumps & manifold.
- ⊙ Open the bleed off valve to the tank, {manifold psi should go to 0 psi} close bleed valve.
 - 1. Open the HCR valve, {if applicable}
 - 2. Close annular
 - 3. With pumps only, time how long it takes to regain the required manifold pressure.
 - 4. Record elapsed time 45 sec. Test fails if it takes over 2 minutes.
 - ⊙ a. {950 psi for a 1500 psi system} b. {1200 psi for a 2000 & 3000 psi system}



Pg. _____ of _____

Required BOP: _____ Installed BOP: _____

* Check Valve Must Be Open/Disabled To Test Kill Line Valves



TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1	15, 9, 7	10/10	250	1250	Hydril test ✓
2	12, 7, 9	10/10	250	3000	✓
3	12, 10, 8	10/10	250	3000	✓
4	12, 11, 3, 4, 5, 8b	10/10	250	3000	#8b is valve below mud gauge
5	13, 11, 2, 6, 1	10/10	250	3000	✓
6	13, 11, 26, 6, 25	Bump test	—	3000	manual chokes ✓
7	16	10/10	250	3000	✓
8	17, 22, 23	10/10	250	3000	✓
9	24	10/10	250	3000	✓
10	20, 21, 22, 23	10/10	250	3000	✓
11	18	10/10	250	3000	✓
12	19	10/10	250	3000	✓
					#15 min safety meeting w/dm cien

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