

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1888  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87401  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

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

JAN 30 2017

RECEIVED

WELL API NO. 30-015-43845
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 Journey 12 W2MP Fee Com
8. Well Number 2H
9. OGRID Number 14744
10. Pool name or Wildcat Pierce Crossing; Wolfcamp, NW (GAS)

**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 88241

4. Well Location  
 Unit Letter M : 270 feet from the South line and 200 feet from the West line  
 Section 12 Township 24S Range 28E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
2975' GL

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

01/22/17 MI & spud 17 1/2" hole. TD @ 425'. Ran 415' of 13 3/8" 48# J55 ST&C csg. Cmt w/450 sks Class C w/2% CaCl2. Mixed @ 14.8#/g w/1.34 yd. Pumped 20 bbls FW. Plug down @ 5:30 P.M. 01/23/17. Circ 100 sks of cmt to the pit. Tested BOPE to 5000# & Annular to 3500#. Tested standpipe & mud lines to the pumps to 5000#. FIT test to 10.0 PPG EMW. At 9:00 P.M. 01/24/17, tested csg to 1250# for 30 minutes, held OK. Drilled out with 12 1/4" bit.

Spud Date: 01/22/17

Rig Release Date:

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

SIGNATURE Ruby Caballero TITLE Regulatory DATE 01/26/2017

Type or print name Ruby Caballero E-mail address: rojeda@mewbourne.com PHONE: 575-393-5905

**For State Use Only**

APPROVED BY: [Signature] TITLE DI SUPER DATE 01 FEB 17  
 Conditions of Approval (if any):