

WELL API NO.

30-015-43496

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

Loving Townsite 21 W2PA Fee

8. Well Number 1H

9. OGRID Number 14744

10. Pool name or Wildcat

Culebra Bluff, Wolfcamp, South (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 A : 220 feet from the North line and 210 feet from the East lineSection 28 Township 23S Range 28E NMPM Eddy County

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

3036' 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 ☐CLOSED-LOOP SYSTEM ☐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.

02/28/17 MI & spud 17 1/2" hole. TD @ 345'. Ran 335' of 13 3/8" 54.5# J55 ST&C csg. Cmt w/350 sks Class C w/2% CaCl2. Mixed @ 14.8#/g w/1.34 yd. Plug down @ 1:45 A.M. 03/01/17. Circ 105 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 1:15 A.M. 03/02/17, tested csg to 1500# for 30 minutes, held OK. Drilled out with 12 1/4" bit.

NM OIL CONSERVATION

ARTESIA DISTRICT

MAR 08 2017

Spud Date: 02/28/17

Rig Release Date:

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

RECEIVED

SIGNATURE Jackie Lathan TITLE Regulatory DATE 03/06/2017Type or print name Jackie Lathan E-mail address: jlathan@mewbourne.com PHONE: 575-393-5905

For State Use Only

APPROVED BY: [Signature] TITLE Staff Manager DATE 3-14-17

Conditions of Approval (if any):