Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		WELL API NO. 30-015-41263
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
District IV - (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	Owl Draw 27 DA Fee
PROPOSALS.)	CATION FOR PERMIT" (FORM C-101) FOR SUCH	8. Well Number
1. Type of Well: Oil Well	Gas Well Other NM OIL CONSERVATION	2H
2. Name of Operator	ARTESIA DISTRICT	9. OGRID Number
Mewbourne Oil Company	MAY 0 2 201 7	14744
3. Address of Operator		10. Pool name or Wildcat
PO Box 5270 Hobbs, NM 88241	A COST (CA	Purple Sage Wolfcamp (Gas) 98220
4. Well Location	RECEIVED	
Unit Letter A	: 500 feet from the North line and	150 feet from the East line
Section 28	Township 26S Range 27E	NMPM Eddy County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3140' GL		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WOR	
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRI	
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMENT	「JOB □
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM	-1400	,1
OTHER: Extend APD OTHER:		
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recompletion.		
M. Learn O'l Connect Language of ADD district. 10 05/01/0017 W. 1117 4 4 147 ADD C (1) 1177 1		
Mewbourne Oil Company has an approved APD that will expire on 05/01/2017 We would be extend this APD for one (1) additional year.		
	Additional requests for extension Must be accompanied by current work pla	n :
Please call if you have any questions. Must be accompanied by and current C-102		
and cancers -		
Spud Date:	Rig Release Date:	
L		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE DOCTO	Control TITLE Populatory	DATE 05/01/17
protection of the state of the	Fathan TITLE Regulatory	DATE UJ/VI/I/
Type or print name Lackie Lathan		rme.com PHONE: _575-393-5905
For State Use Only	J	
APPROVED BY:	Clos TITLE STAFF My	DATE 5-2-17
Conditions of Approval (if any):		