

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTNMOCD
ArtesiaFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**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.***SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM11038
2. Name of Operator MEWBOURNE OIL COMPANY		6. If Indian, Allottee or Tribe Name
Contact: JACKIE LATHAN E-Mail: jlathan@mewbourne.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address PO BOX 5270 HOBBS, NM 88241	3b. Phone No. (include area code) Ph: 575-393-5905	8. Well Name and No. FULLER 14/23 W2IP FED 4H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 14 T26S R29E Mer NMP SENE 2500FNL 350FEL		9. API Well No. 30-015-44453
		10. Field and Pool or Exploratory Area PURPLE SAGE WOLFCAMP GAS
		11. County or Parish, State EDDY COUNTY, NM

12. CHECK THE 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"/> Hydraulic Fracturing	<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	Well Spud
	<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 recomple 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

10/26/17...Spud 17 1/2" hole. TD'd hole @ 591'. Ran 581' of 13 3/8" 54.5# J55 ST&C csg. Cemented with 180 sks Class C w/1% CaCl2. Mixed @ 14.4 #/g w/ 1.60 yd. Tail w/600 sks Class C w/2% CaCl2. Mixed @ 14.8 #/g w/1.34 yd. Displaced w/83 bbls FW. Plug down @ 10:00 A.M. 10/27/17. Did not circ cmt. Slow rate lift pressure 420# @ 4BPM. Ran temp surv indicating TOC @ 148?. PU with 1" pipe. Tag @ 148?. Ran 1" pipe in 3 stages with 172 sks Class C w/4% CaCl2. Mixed @ 14.4 #/g w/1.60 yd. Circ 7 sks of cmt to the cellar. Tested BOPE to 5000# & Annular to 2500#. Tested standpipe & mud lines to the pumps to 5000#. At 11:00 P.M. 10/28/17, tested csg to 1500# for 30 minutes, held OK. Drilled out with 12 1/4" bit. FIT test to EMW of 10.5 PPG.

Chart & Schematic attached.

12-5-17
Accepted for record - NMOCDNM OIL CONSERVATION
ARTESIA DISTRICT
DEC 05 2017

14. I hereby certify that the foregoing is true and correct.		Electronic Submission #395483 verified by the BLM Well Information System		RECEIVED
		For MEWBOURNE OIL COMPANY, sent to the Carlsbad		
		Committed to AFMSS for processing by JENNIFER SANCHEZ on 11/21/2017 ()		
Name (Printed/Typed) JACKIE LATHAN		Title AUTHORIZED REPRESENTATIVE		
Signature (Electronic Submission)		Date 11/20/2017		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE				
NOV 27 2017				
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.				

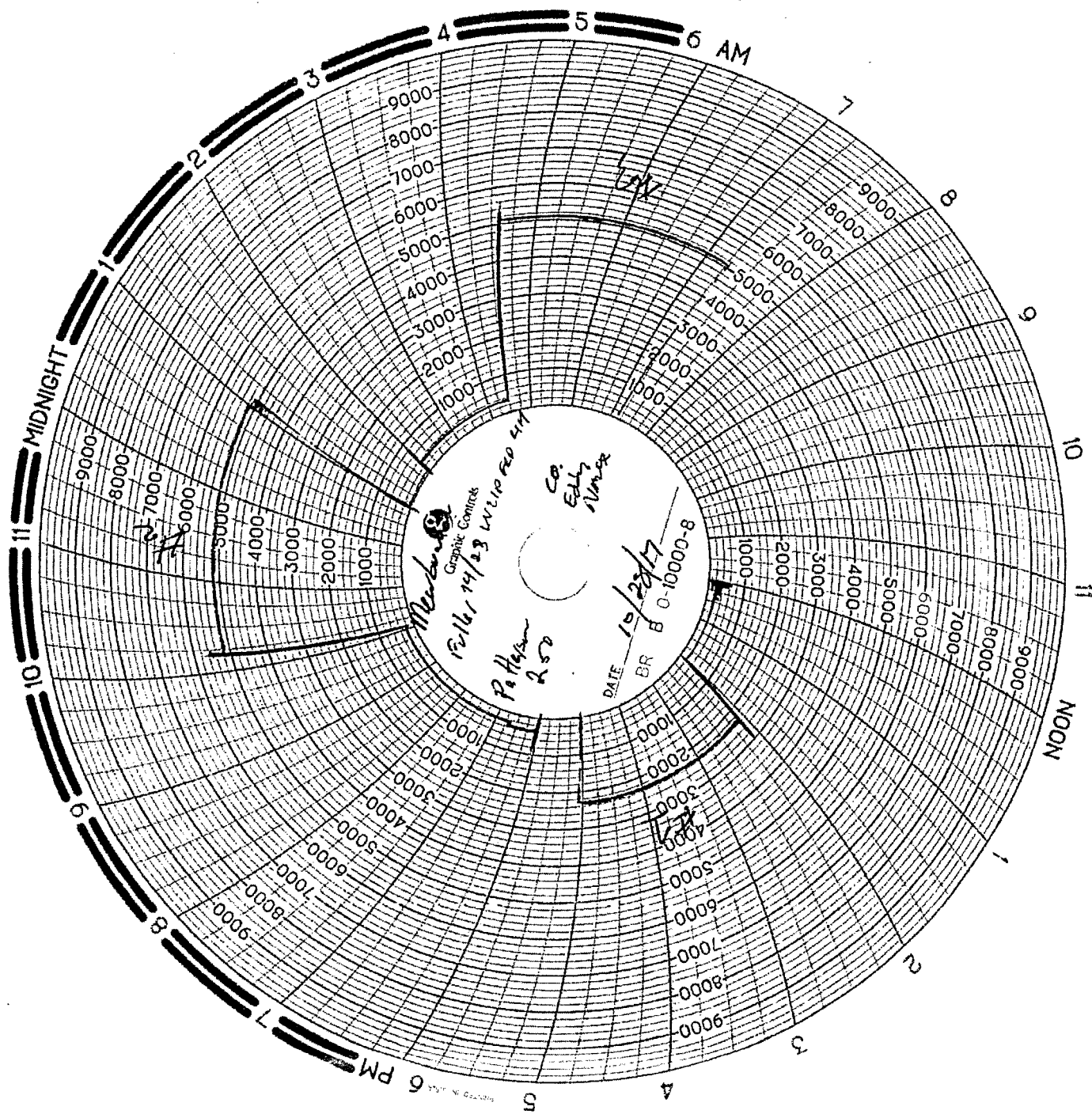
(Instructions on page 2)

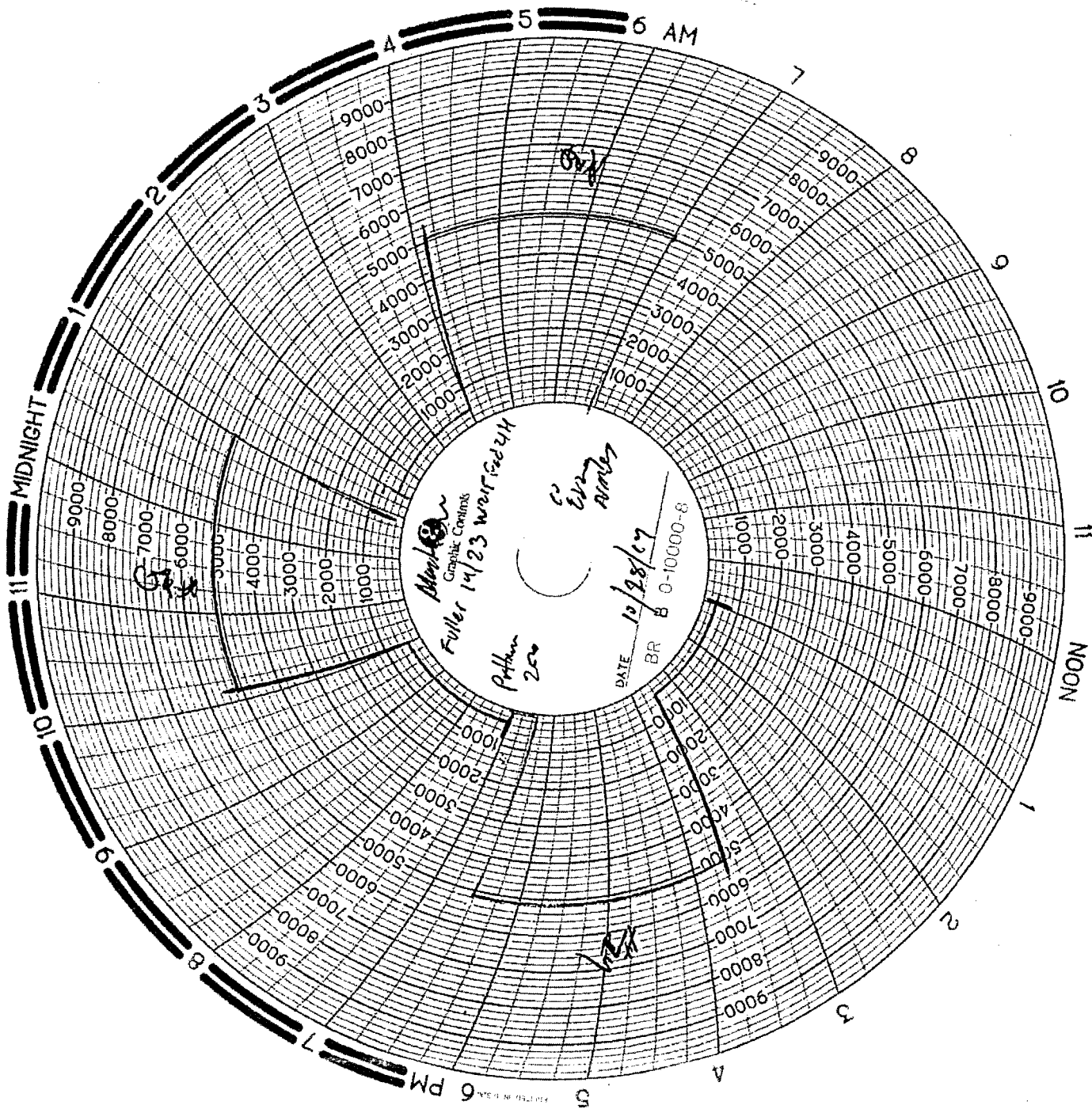
**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

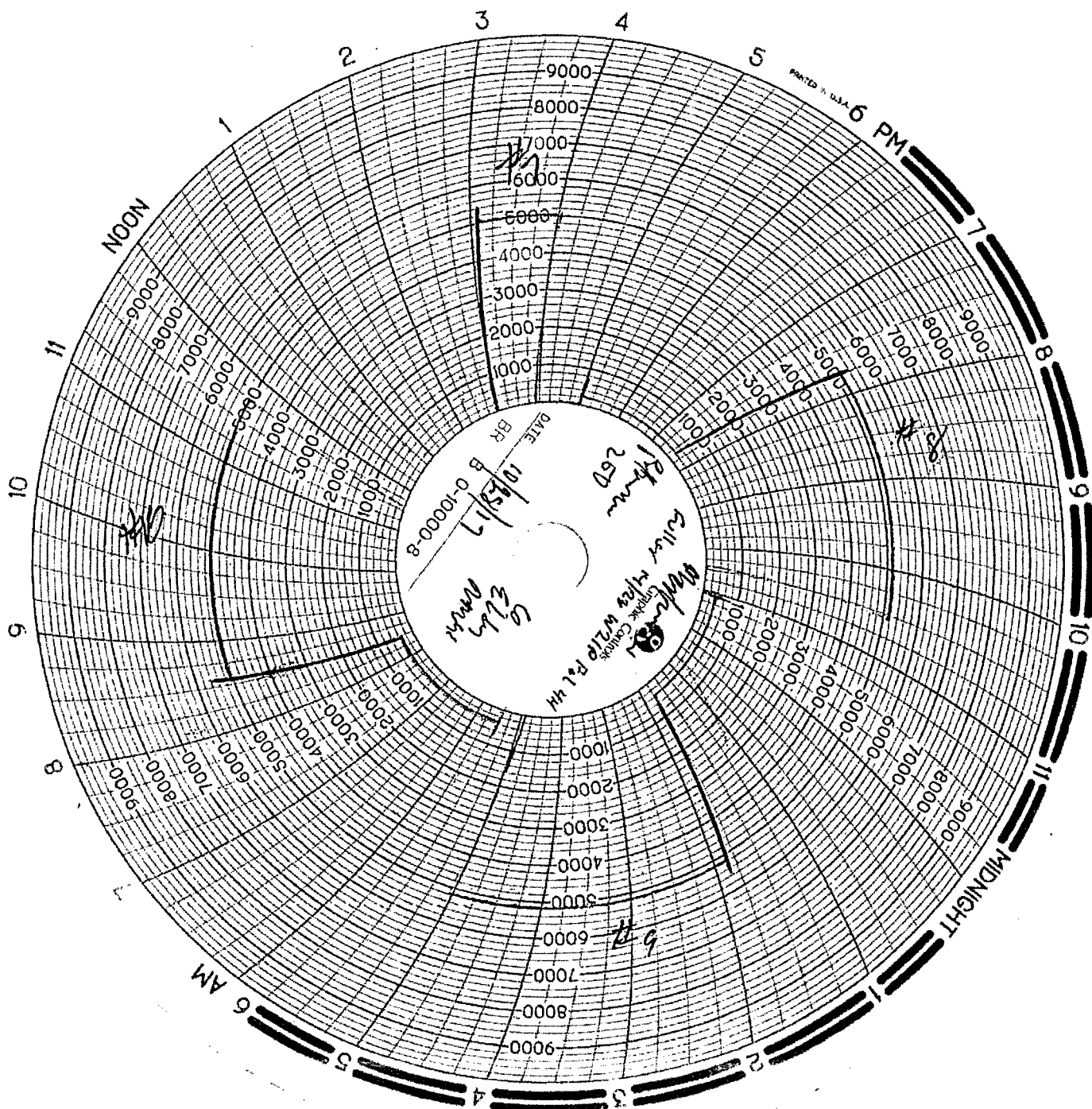
Additional data for EC transaction #395483 that would not fit on the form

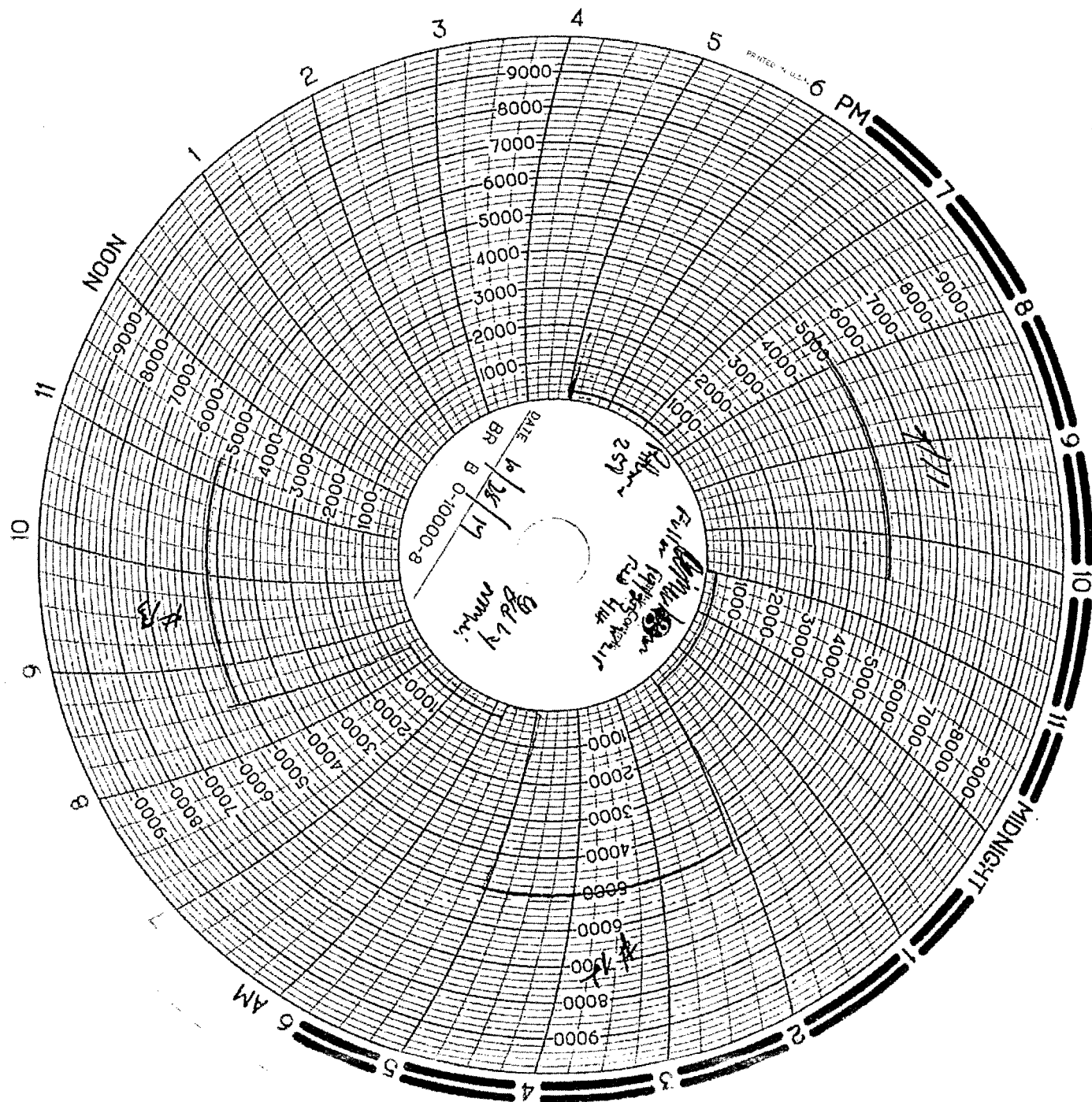
32. Additional remarks, continued

Bond on file: NM1693 nationwide & NMB000919









MAN WELDING SERVICES, INC

Company Manhatten Date 10/28/17
Lease Fuller 1-1/2" WSP F-2 # 411 County Edin, N.Y.
Drilling Contractor Drillco Plug & Drill Pipe Size 4 1/2" ID X 55
Accumulator Pressure: 3000 Manifold Pressure: 1700 Annular Pressure: 900

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 1600 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 52 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}



MAN
WELDING SERVICES

WELDING • BOP TESTING
NIPPLE UP SERVICE • BOP LIFTS • TANDEM
MUD AND GAS SEPARATORS
Lovington, NM • 575-396-4540

Pg. _____ of _____

Company: Newbore Date: 10/28/17 Invoice # R-20155

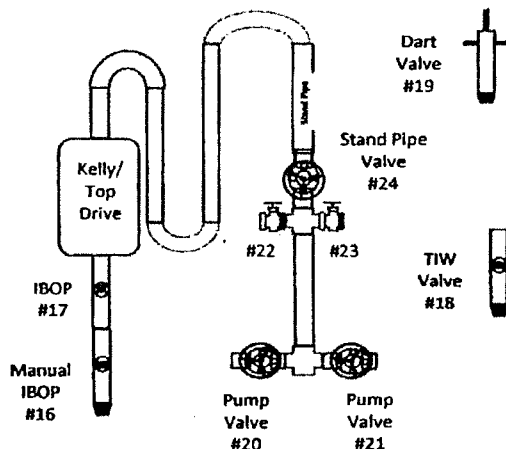
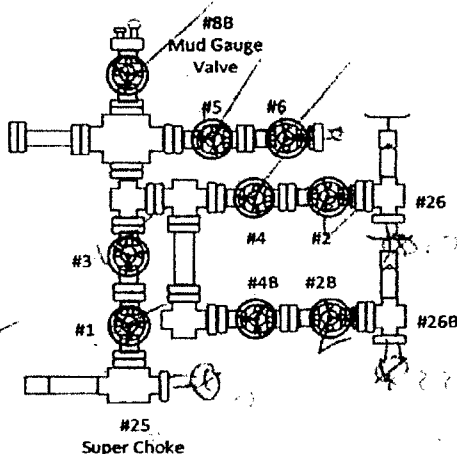
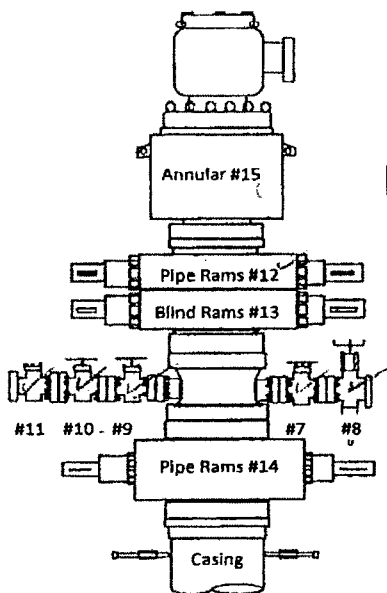
Lease: Feller 14/23 W21P Fed # 441 Drilling Contractor: Patterson Rig # 250

Plug Size & Type: _____ Drill Pipe Size 4 1/2 x 7 0.11133 Tester: Luc Labadie

Required BOP: _____ Installed BOP: 12

*Appropriate Casing Valve Must Be Open During BOP Test *

* 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	2500	Pass
2	12, 9, 7	10/10	250	5000	Pass
3	12, 10, 8	10/10	250	5000	Pass
4	12, 11, 5, 3, 4, 26	10/10	250	5000	Pass
5	12, 11, 2, 6, 26	10/10	250	5000	Pass
6	14	10/10	250	5000	Pass
7	12, 11, 26, 26, 25, 6	10/10	250	5000	Pass
8	13, 11, 27, 28, 29, 6	10/10	250	5000	Pass
9	20, 21, 22, 23	10/10	250	5000	Pass
10	24	10/10	250	5000	Pass
11	17	10/10	250	5000	Pass
12	16	10/10	250	5000	Pass
13	TIW XT39	10/10	250	5000	Pass
14	DART XT39	10/10	250	5000	Pass
15	DART 4 1/2 IF	10/10	250	5000	Pass

