

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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.*Case Serial No.
1027994D

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

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

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other8. Well Name and No.
GHOSTRIDER 25/36 W0AP FED COM 2H2. Name of Operator
MEWBOURNE OIL COMPANYContact: JACKIE LATHAN
E-Mail: jlathan@mewbourne.com9. API Well No.
30-015-44461-00-X13a. Address
P O BOX 5270
HOBBS, NM 882413b. Phone No. (include area code)
Ph: 575-393-590510. Field and Pool or Exploratory Area
PURPLE SAGE-WOLFCAMP (GAS)

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

Sec 25 T23S R26E NENE 185FNL 500FEL
32.282322 N Lat, 104.239479 W Lon11. 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 recompleat 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 recompleat 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.

05/24/18..Spud 17 1/2" hole @ 515'. Ran 500' of 13 3/8" 54.5# J55 ST&C Csg. Cemented with 180 sks Thixotropic Class C w/additives. Mixed @ 14.4/g w/ 1.54 yd. Tail w/500 sks Class C w/1% CaCl2. Mixed @ 14.8#/g w/1.34 yd. Displaced w/70 bbls of BW. Plug down @ 5:15 PM 05/25/18. Circ 237 sks of cmt to the pits. Test BOPE to 5000# & Annular to 3500#. At 5:45 P.M. 05/27/18, tested csg to 1500#, held OK. FIT test to 10.5 PPG EMW. Drilled out with 12 1/4" bit.

Charts & schematic attached

Bond on file: NM1693 nationwide & NMB000919

GC 7-13-18
Accepted for record - NMOCD

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

**Electronic Submission #426389 verified by the BLM Well Information System
For MEWBOURNE OIL COMPANY, sent to the Carlsbad
Committed to AFMSS for processing by PRISCILLA PEREZ on 07/10/2018 (18PP2151SE)**

Name (Printed/Typed) JACKIE LATHAN

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 07/05/2018

THIS SPACE FOR FEDERAL OR STATE AGENCY USE

ACCEPTED FOR RECORD

Approved By

Title

Date

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

JUL 11 2018

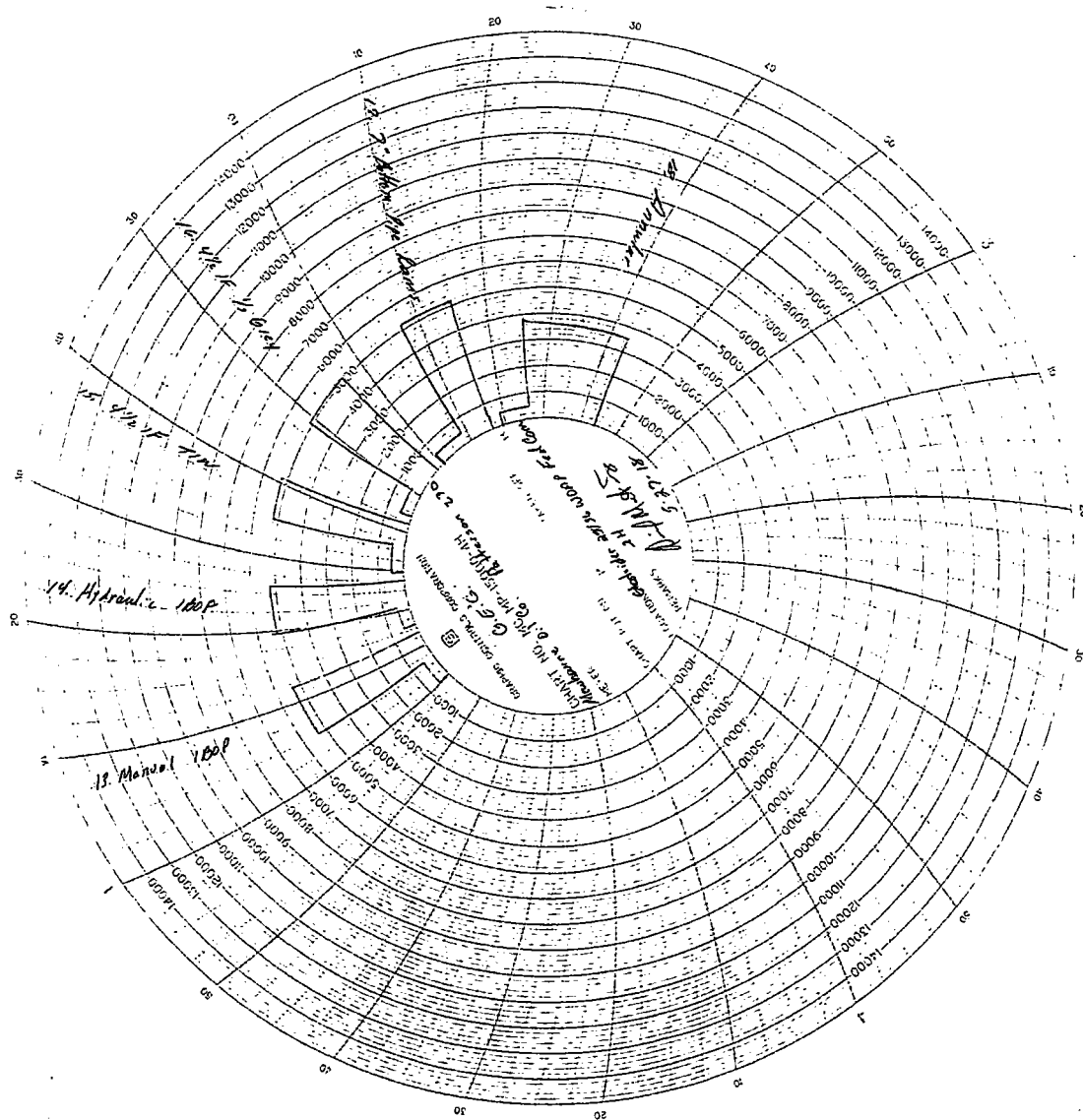
/s/ Jonathon Shepard

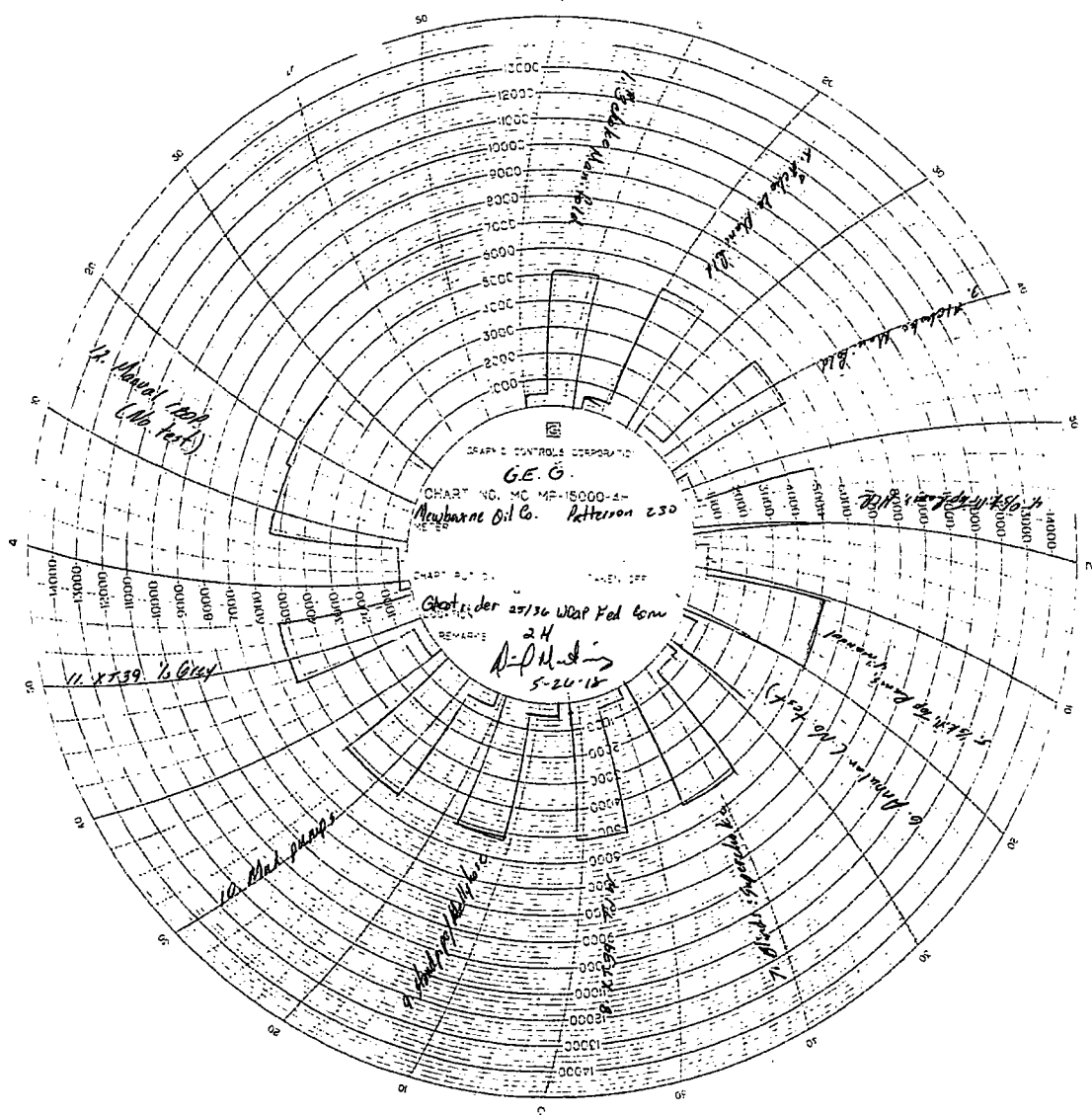
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

(Instructions on page 2)

** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED **







TITLE:

ACCUMULATOR FUNCTION TEST
REPORT

DOCUMENT: COM-OPE-FRM-102

PAGE:

1 OF 1

VERSION:

1.0

Date: 5-27-18 Operator: Mowbrayne Oil Co Rig: Patterson 230AFE#: _____ Location: Ghost Rider 25/26 OAW Fed Conn 2H

BOP Make, Model & Size: _____

To check the usable fluid stored in the nitrogen bottles on the accumulator (O.S.O. #2 sections III.A.2.c.i. or ii or iii).

1. Make sure all rams, annular and HCR are open. (Close riser on manifold).
2. Ensure accumulator is pumped to working pressure (SHUT OFF ALL PUMPS).
3. **Take initial accumulator pressure reading** 3000 psi.
4. Close pipe rams, annular and HCR.
5. Open one set of pipe rams to simulate closing the blind rams.
6. If you have a 3 ram stack open the annular to achieve the 50+% safety factor for 5M and greater systems.
7. Pressure should be 200psi over desired pre-charge (1500psi = 750 desired psi and 2000/3000 = 1000 desired psi).
8. **Record the remaining pressure** 2800 psi.
9. Open annular and close HCR.

To check the pre-charge on bottles or spherical (O.S.O. #2 section III.A.2.d.)

1. Neutralize all accumulator handles.
2. Open the bleed off valve to the tank.
3. Watch and record where the psi drops. (Manifold psi should drop to zero).
4. **Record the pressure at drop** 1100 psi.
5. If pressure drops below minimum pre-charge [1500psi = 700psi min. and 2000/3000psi = 900psi min. (Max 1100psi)].

To check the capacity of the accumulator pumps (O.S.O. #2 section III.A.2.f.)

1. Shut the accumulator bottles or spherical. (Isolate them from the pumps & manifold)
2. Close bleed off valve.
3. Close Annular and open HCR.
4. Using pumps (Air & Electric) record how long it takes for manifold pressure to equal 200psi over desired precharge psi (1500psi = 750 desired psi and 2000/3000 = 1000 desired psi)
5. **Record elapsed time** 52 seconds (2 minutes or less).

Comments: _____

GEG Tech: _____

Date: 5-27-18

Customer Rep: _____

Date: _____

REFERENCES SQP-4.2.4

Control of Records

DISTRIBUTION None

Lafayette, LA 337/232-2911
 Houma, LA 985/876-5351
 Alice, TX 361/664-2178
 Kilgore, TX 903/988-2786
 Laurel, MS 601/649-4920
 Donie, TX 254/359-4566
 Houston, TX 281/821-8469
 Ingleside, TX 361/775-1920
 Elk City, OK 580/225-0181
 Bridgeport, TX 940/683-1901

B. O. P. Test Report



**Greene's
Energy Group**

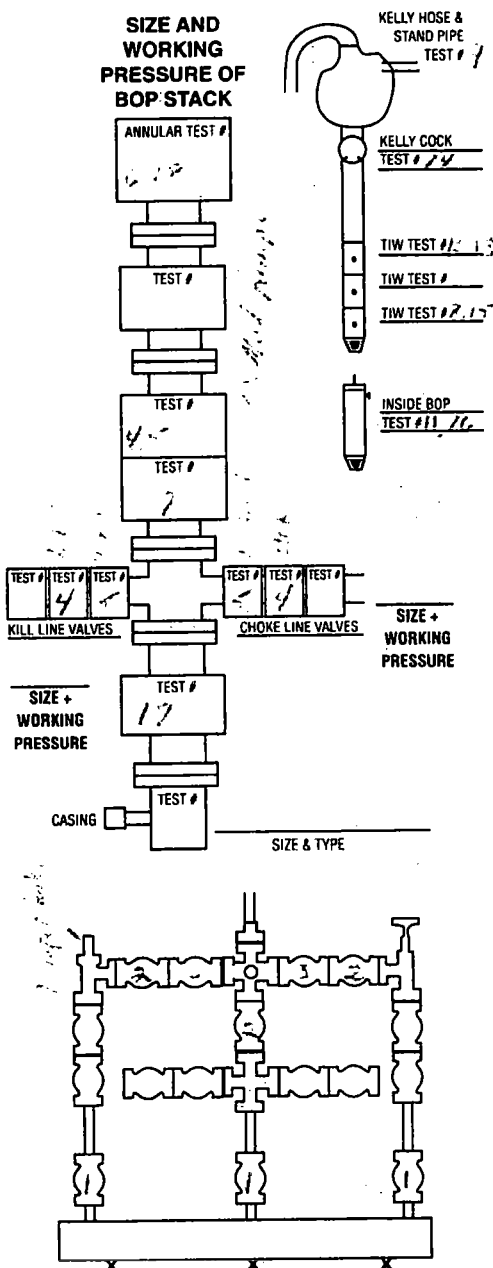
78296

Ordered

By: _____

Ph.#: _____

CUSTOMER: Hubbs MA 89:41 DRLNG. CONT. Hubbs MA 89:41
 ADDRESS: Hubbs MA 89:41 PARISH/ COUNTY: Hubbs MA 89:41
 CITY: Hubbs MA 89:41 WELL #: Hubbs MA 89:41
 LEASE: Hubbs MA 89:41 ORDER #: Hubbs MA 89:41
 FIELD: Hubbs MA 89:41



Plug #: _____ Kelly Sub #: _____

Tophead #: _____ Recorder #: _____

TEST DATE: 5-26-18

Test Sequence	Start Time	Low Test		High Test		Closing Time	Remarks Problems or Irregularities
		PSI	Duration	PSI	Duration		
#1	11:55	270	5m	270	5m	12:05	Hubbs MA 89:41
#2	12:10	270	5m	270	5m	12:20	Hubbs MA 89:41
#3	12:24	270	5m	270	5m	12:34	Hubbs MA 89:41
#4	12:40	270	5m	270	5m	12:50	Hubbs MA 89:41
#5	12:55	270	5m	270	5m	13:05	Hubbs MA 89:41
#6	13:20	270	5m	270	5m	13:30	Hubbs MA 89:41
#7	13:45	270	5m	270	5m	13:55	Hubbs MA 89:41
#8	14:10	270	5m	270	5m	14:20	Hubbs MA 89:41
#9	14:35	270	5m	270	5m	14:45	Hubbs MA 89:41
#10	15:00	270	5m	270	5m	15:10	Hubbs MA 89:41
#11	15:25	270	5m	270	5m	15:35	Hubbs MA 89:41
#12	15:50	270	5m	270	5m	16:00	Hubbs MA 89:41
#13	16:15	270	5m	270	5m	16:25	Hubbs MA 89:41
#14	16:40	270	5m	270	5m	16:50	Hubbs MA 89:41
#15	17:05	270	5m	270	5m	17:15	Hubbs MA 89:41
#16	17:30	270	5m	270	5m	17:40	Hubbs MA 89:41
#17	17:55	270	5m	270	5m	18:05	Hubbs MA 89:41
#18	18:20	270	5m	270	5m	18:30	Hubbs MA 89:41
#19							
#20							
#21							
#22							
#23							
#24							
#25							

SIZE & WORKING PRESSURE: _____

TEST MEDIUM: Water

CHARTS RECEIVED BY: Hubbs MA 89:41

TEST WAS PERFORMED FROM: () ACCUMULATOR () REMOTE STATION

Lafayette, LA 337/232-2911
Houma, LA 985/876-5351
Alice, TX 361/564-2178
Kilgore, TX 903/986-2786
Laurel, MS 601/649-4920
Houston, TX 281/821-8469
Bossier City, LA 318/741-9061

MISCELLANEOUS TEST FIELD TICKET



Greene's
Energy Group.

Midland, TX 432/218-7613
Ft. Smith, AK 479/646-6447
Conway, AK 501/327-6400
Imperial, PA 724/218-1574
Towanda, PA 570/268-9080
Minot, ND 701/838-2535
PSS Lafayette, LA 337/668-4882

Date: _____ Ordered By: _____

VENDOR #: _____ Phone #: _____

CUSTOMER: _____ DRLG. CONT. _____

ADDRESS: _____ PARISH/COUNTY: _____

CITY: _____ PO# _____

LEASE: _____ TIME _____ TIME _____
& DATE & DATE

WELL #: _____ ARRIVED _____ COMP. _____

FIELD _____ AFE# _____

SCOPE OF WORK _____

SALE ITEMS, TRUCKING & MISCELLANEOUS

PRICE @ 8 Hour Min.

DAY RATE:

Days @ \$ _____ per day

EXTRA HOURS:

Hrs. @ \$ _____ per hr.

STAND BY CHARGES:

Days @ \$ _____ per day

OPERATOR CHARGE:

Hrs. @ \$ _____ per hr.

HELPER CHARGE:

Hrs. @ \$ _____ per hr.

MILEAGE CHARGES:

@ _____ per mile

CALIBRATION:

EST. CHARGES:

The Customer assumes all responsibility for tools in his possession and for operations on the job and agrees to hold Greene's Energy Group harmless for injuries to persons or property resulting therefrom.

I, the undersigned, do the hereby certify that I have full authority to obtain the above listed tools, service and/or supplies and to have same charged as above. I certify also that I have examined the above tools and found them in good serviceable condition and accept them with the understanding that a charge of regular retail price will be made for tools damaged or lost in the hole.

UNIT OPERATOR

COMPANY REPRESENTATIVE - SIGNATURE

JOB ORDER #

C

REPRESENTATIVE

UNIT #