

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**SUNDRY NOTICES AND REPORTS**
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*Carlsbad Field Office
OCD Artesia5. Lease Serial No.
NMMN027994D

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 1H

2. Name of Operator

MEWBOURNE OIL COMPANY

Contact: JACKIE LATHAN

E-Mail: jlathan@mewbourne.com

9. API Well No.

30-015-44481-00-X1

3a. Address

P O BOX 5270
HOBBS, NM 88241

3b. Phone No. (include area code)

Ph: 575-393-5905

10. 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 450FEL
32.282322 N Lat, 104.239311 W Lon

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

- ☐
- Notice of Intent
-
- ☒
- Subsequent Report
-
- ☐
- Final Abandonment Notice

TYPE OF ACTION

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Acidize | <input type="checkbox"/> Deepen | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing | <input type="checkbox"/> Hydraulic Fracturing | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Well Integrity |
| <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 recompletable 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 recompletable 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.

06/28/18..Spud 17 1/2" hole @ 515'. Ran 500' of 13 3/8" 54.5# J55 ST&C Csg. Cemented with 100 sks Class C Thixad 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 @ 4:15 PM 06/29/18. Circ 155 sks of cmt to the pits. Test BOPE to 5000# & Annular to 3500#. At 3:30 A.M. 07/01/18, 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 8-10-18
Accepted for record - NMOCD

RECEIVED

AUG 07 2018

DISTRICT II-ARTESIA O.C.D.

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

Electronic Submission #429375 verified by the BLM Well Information System
For MEWBOURNE OIL COMPANY, sent to the Carlsbad
Committed to AFMSS for processing by PRISCILLA PEREZ on 08/01/2018 (18PP2387SE)

Name (Printed/Typed) RUBY O CABALLERO

Title REGULATORY

Signature (Electronic Submission)

Date 07/31/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE 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

AUG 1 2018

/s/ Jonathon Shepard

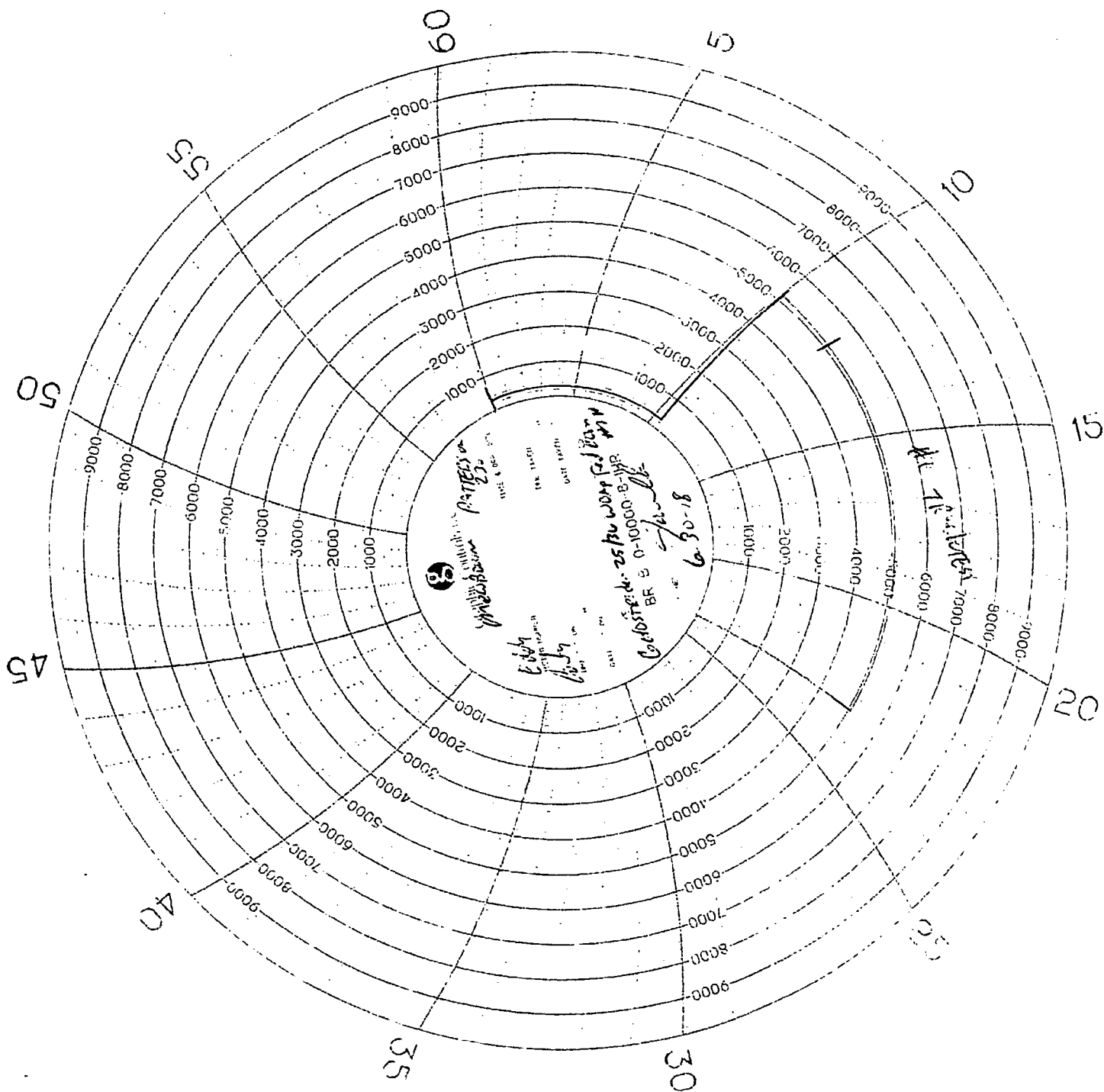
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

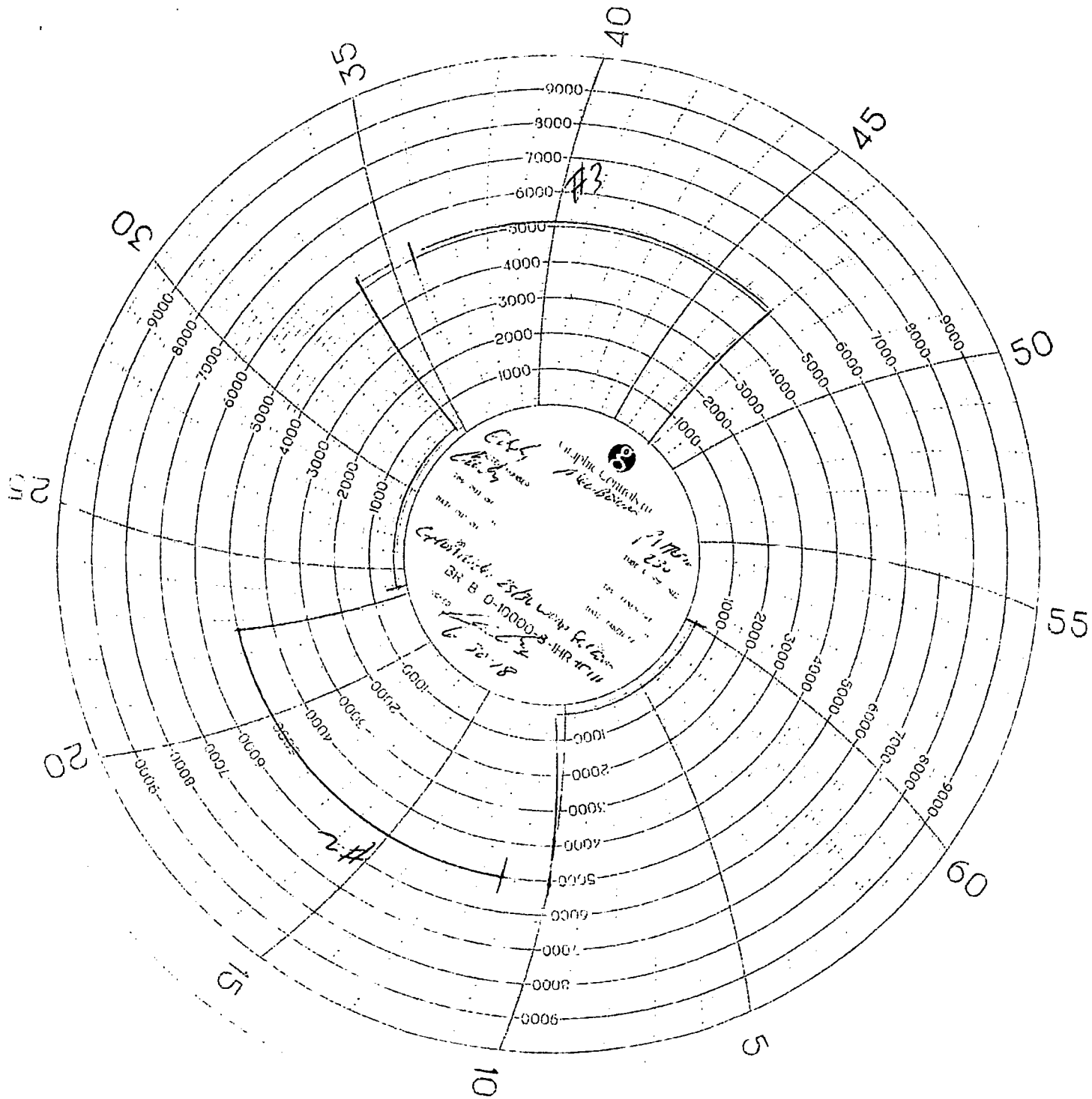
BUREAU OF LAND MANAGEMENT

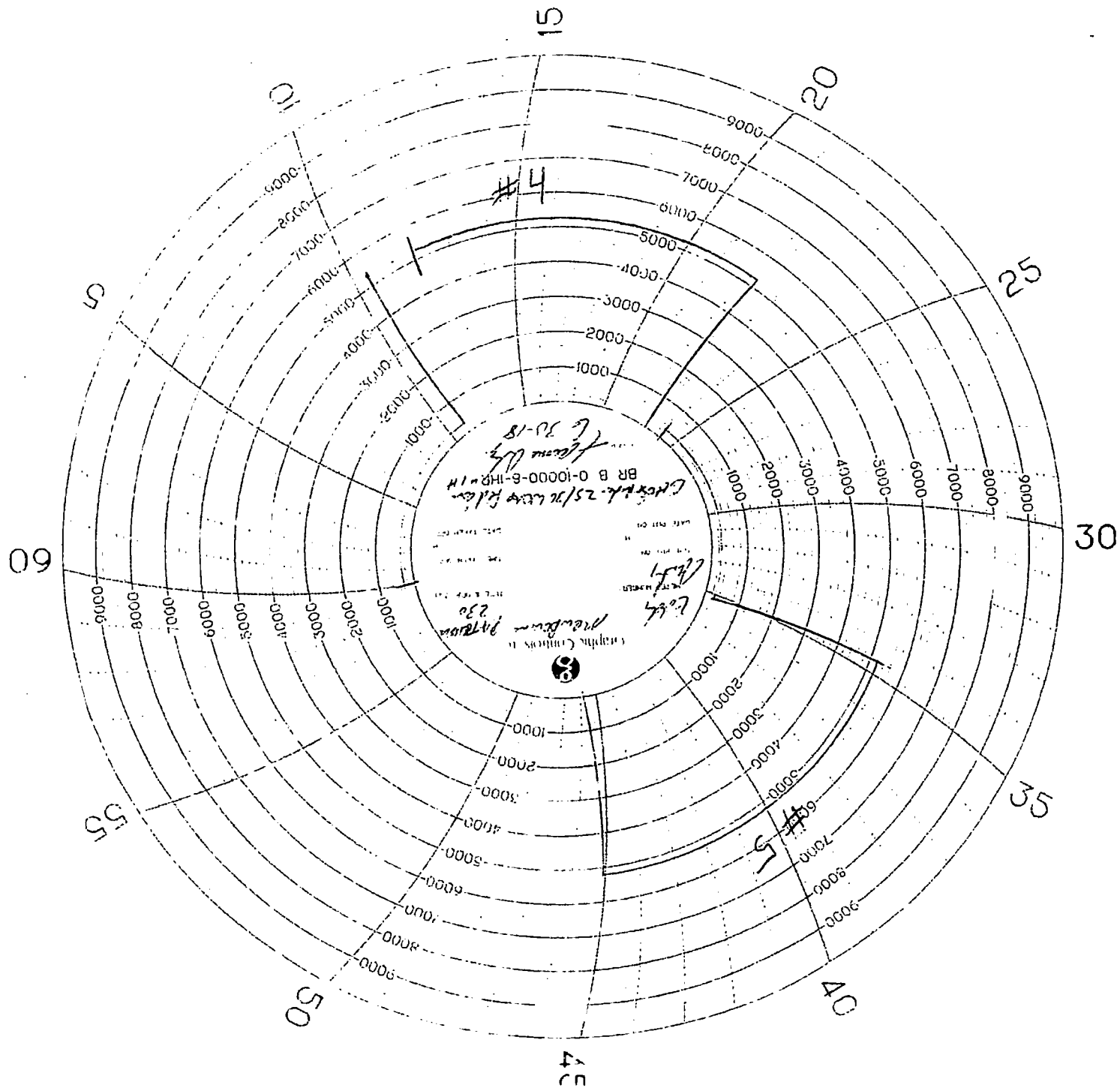
CARLSBAD FIELD OFFICE

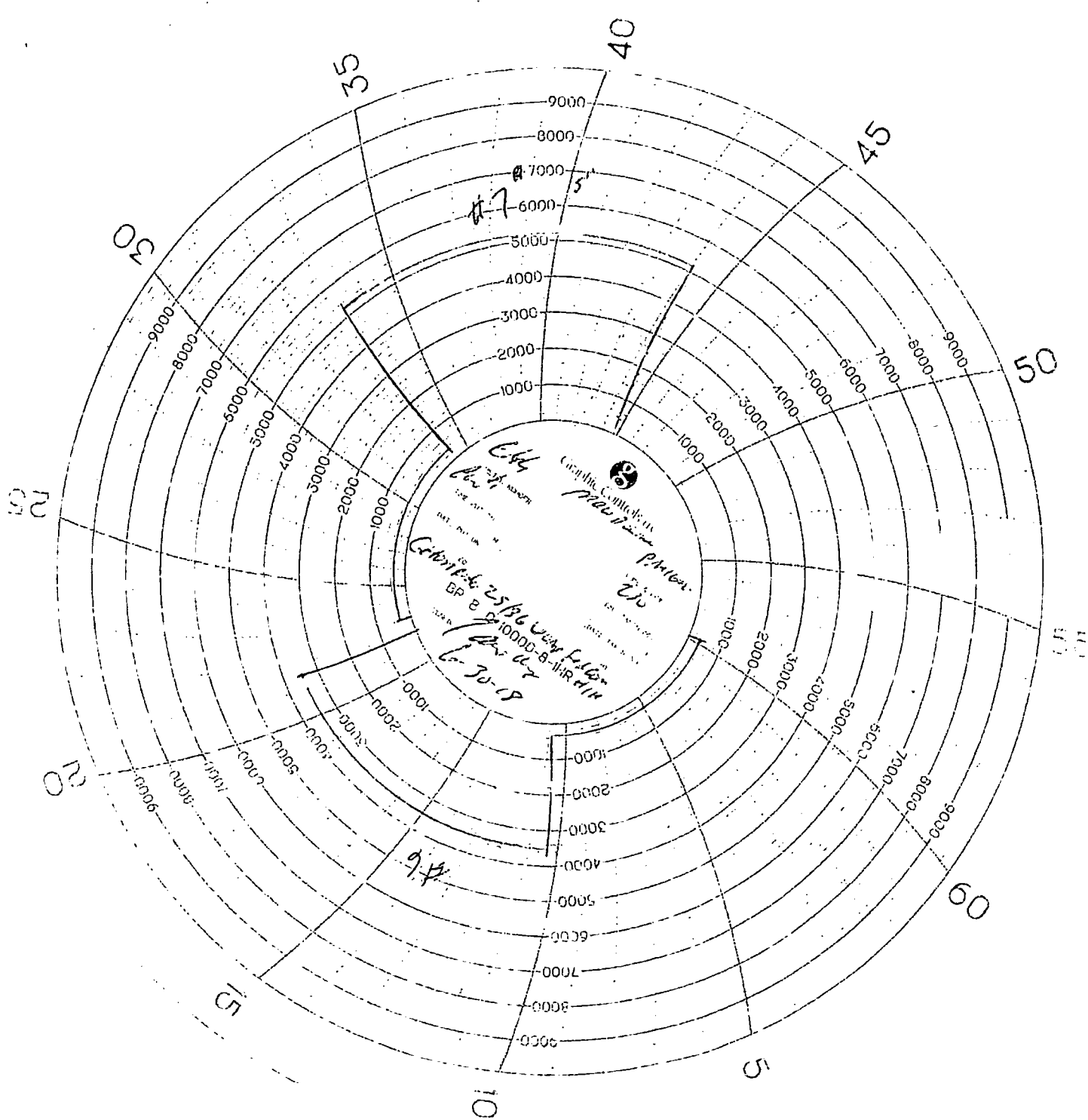
(Instructions on page 2)

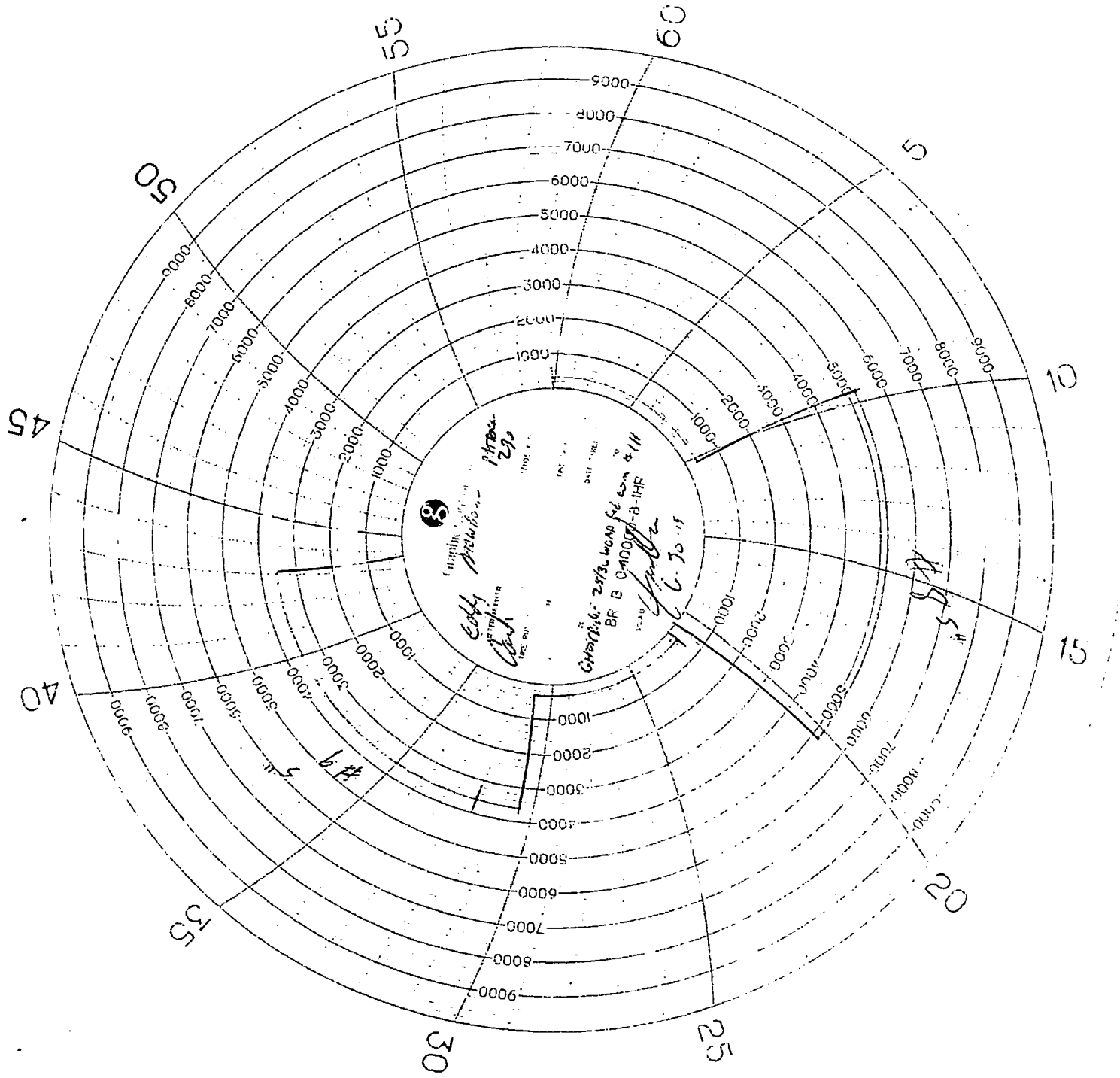
** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED **

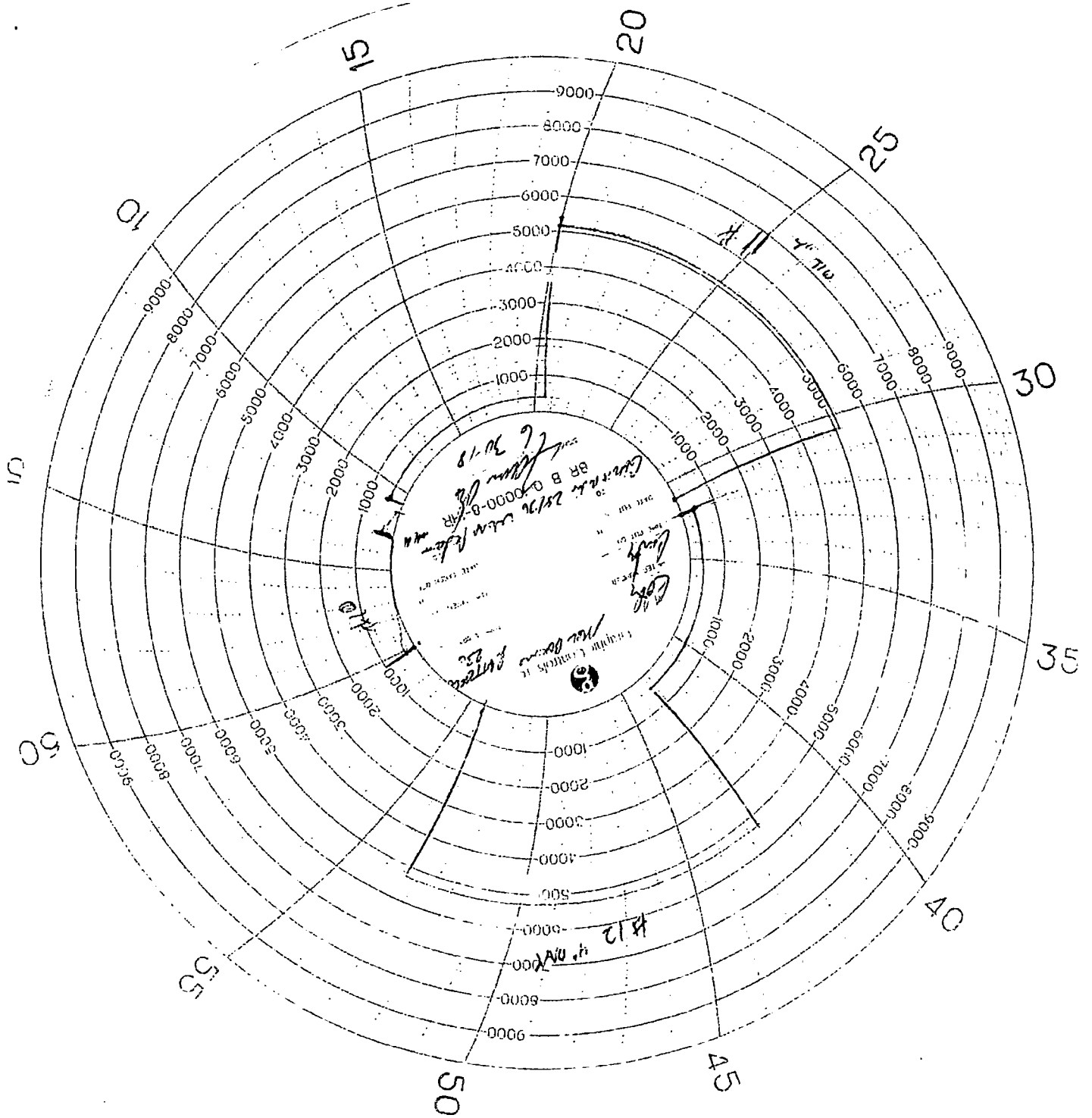


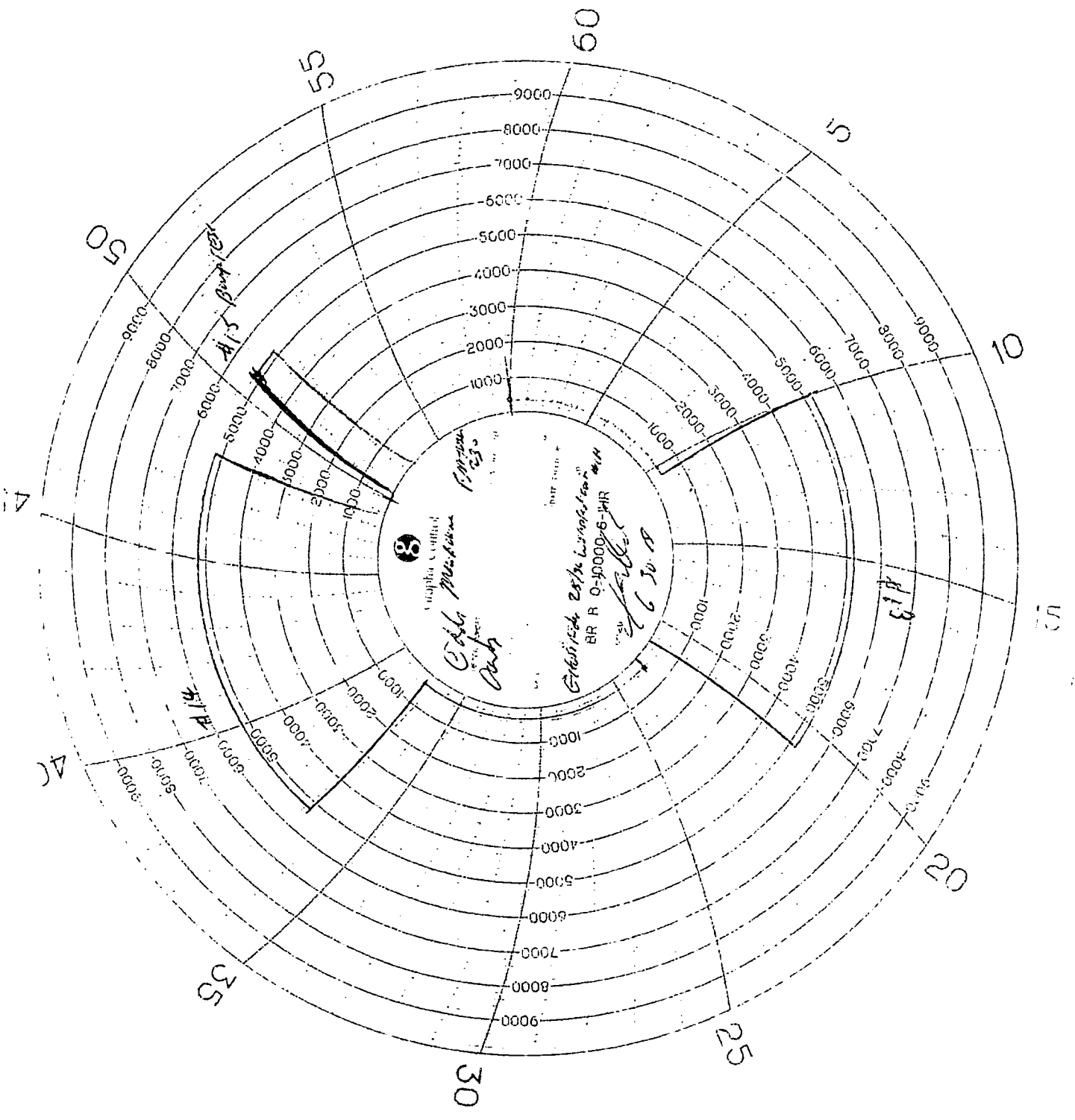


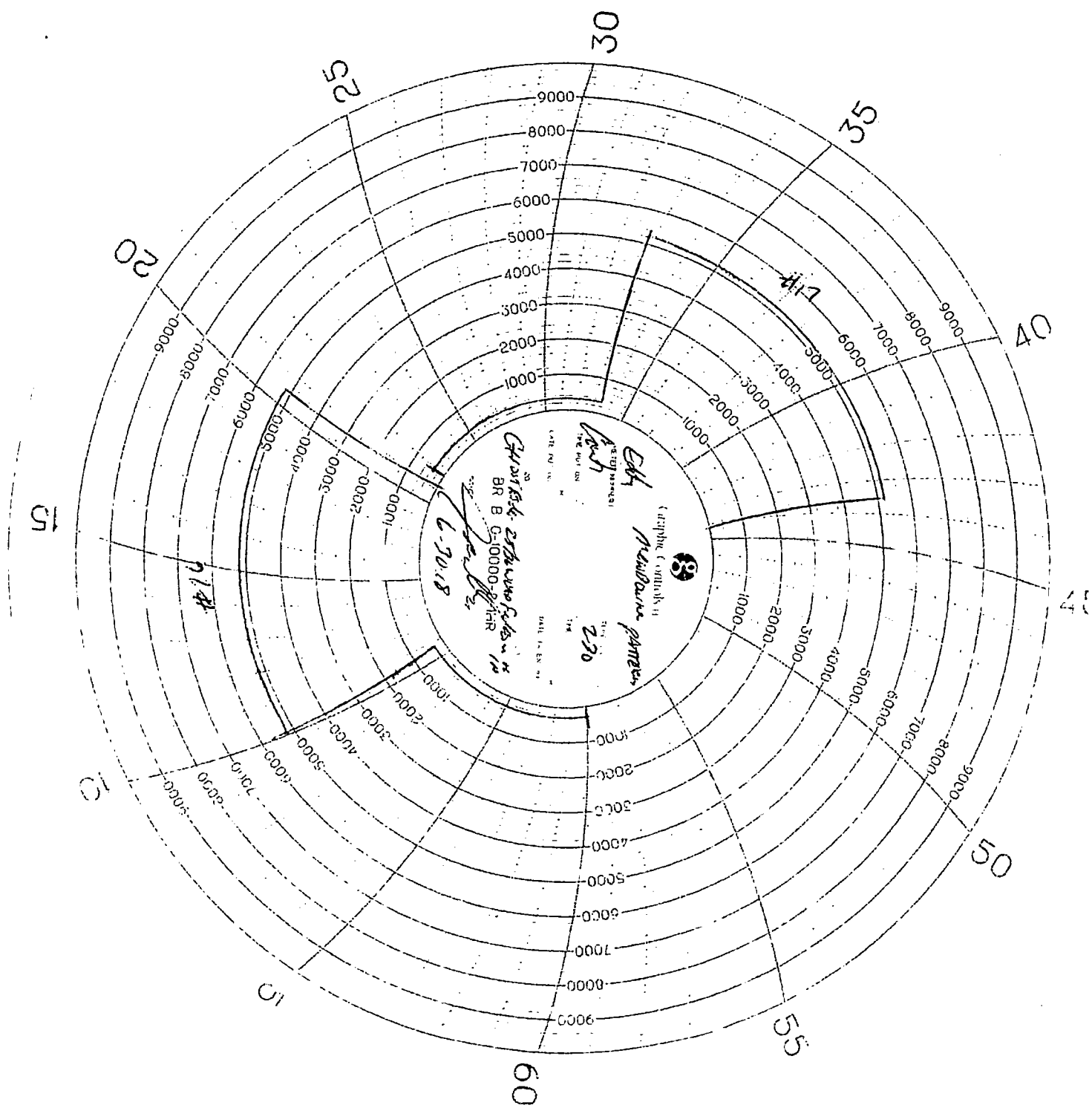


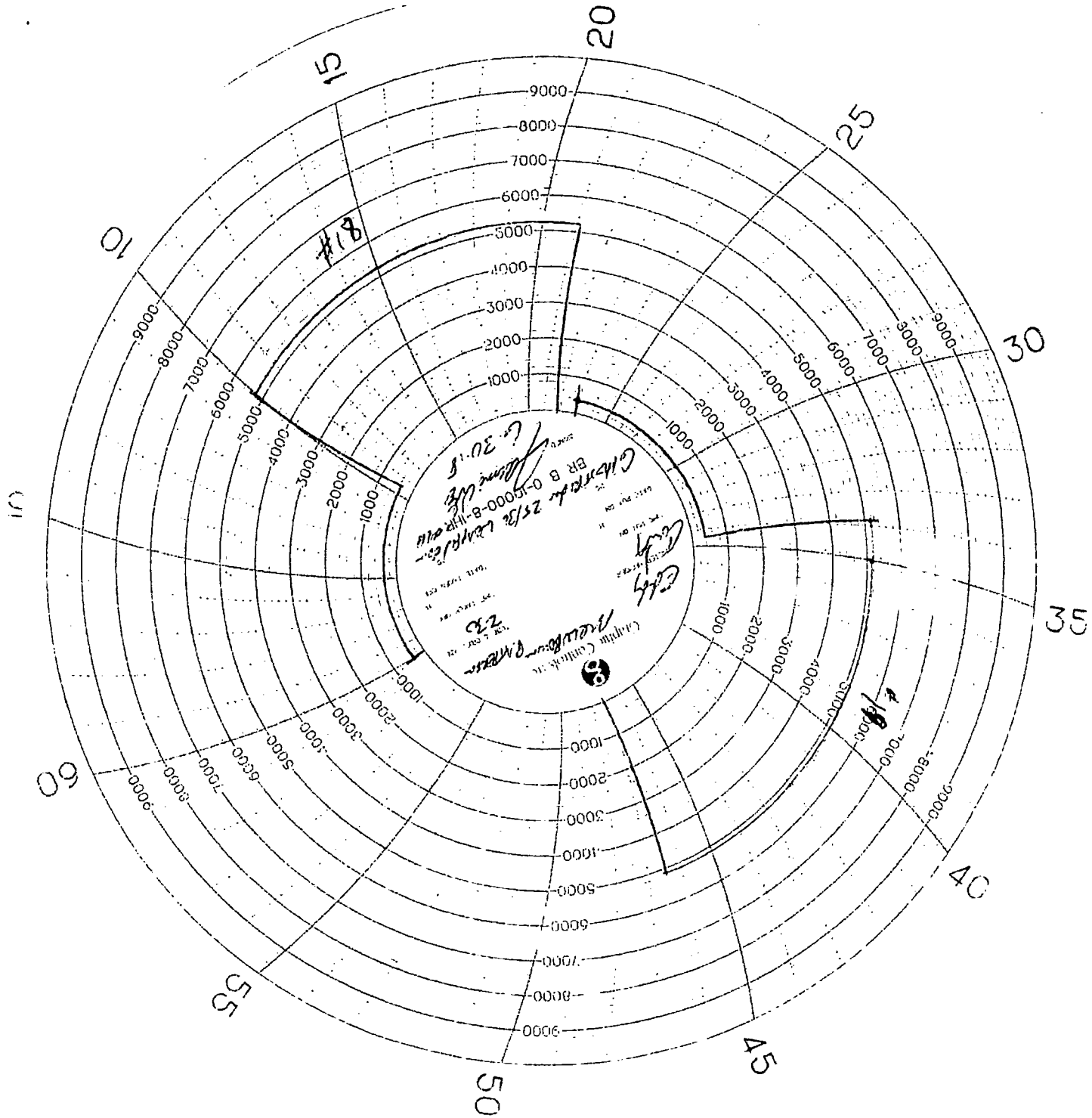














MAN WELDING SERVICES

WELDING • BOP TESTING
NIPPLE UP SERVICE • BOP LIFTS • TANDEM
MUD AND GAS SEPARATORS
Lovington, NM • 575-398-4540

Pg. _____ of _____

Company: NEW BOWNE

Date: 6-30-18

Invoice # B 87914

Lease: GHOST Rider 25/36 WOPed Com #1H

Drilling Contractor: PATTERSON

Rig # 230

Plug Size & Type: 12" C²¹

Drill Pipe Size: 4" / 5"

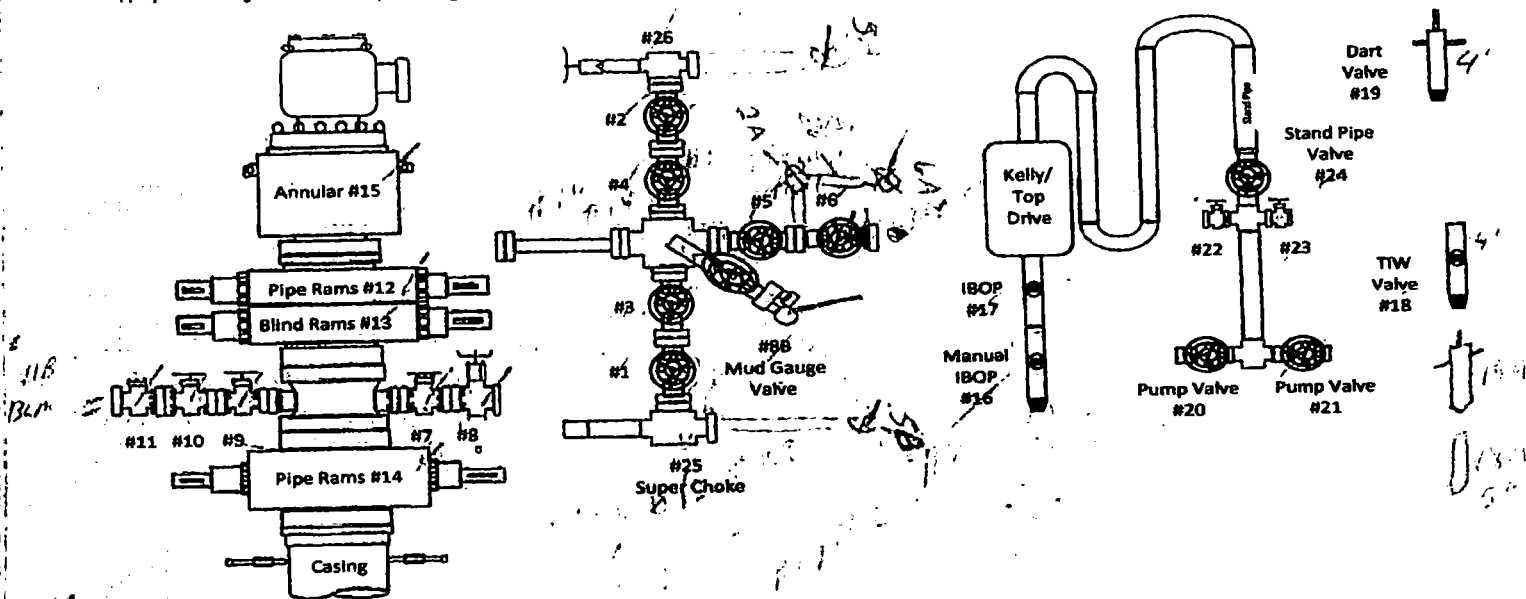
Tester: Jaime Ortega / Jordan

Required BOP: _____

Installed BOP: _____

*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	Final
1	TRUCK TEST	10/10	250	5000	PASS	7:25
2	10, 12, 5A, 6A, 6, 5B, 8B	10/10	250	5000	PASS 4" pipe	7:45
3	12, 3, 3, 1, 2A, 8B, 11B	10/10	250	5000	PASS 4" pipe	8:16
4	12, 9, 8	10/10	250	5000	PASS 4" pipe	8:44
5	12, 9, 7	10/10	250	5000	PASS 4" pipe	9:08
6	15	10/10	250	3500	PASS 4" pipe	9:32
7	14, 9, 7	10/10	250	5000	PASS 5" pipe	10:30
8	12, 9, 7	10/10	250	5000	PASS 5" pipe	11:05
9	15	10/10	250	3500	PASS 5" pipe	11:08
10	20, 21, 22, 23, 24	10/10	250	5000	Fail Low #1 pump	12:00
11	18 4" TTW	10/10	250	5000	PASS 4" Crews also replacing sensor	1:04
12	19 4" DART	10/10	250	5000	PASS 4"	1:50
13	20, 21, 22, 23, 24	10/10	250	5000	PASS	2:35
14	13, 11, 3, 5, 4	10/10	250	5000	PASS	2:48
15	25, 26, 26A	Bump	—	5000	PASS	
16	TTW 18A 5'	10/10	250	5000	PASS 5"	
17	DART 19A 5'	10/10	250	5000	PASS 5"	
18	17	10/10	250	5000	PASS	
19	16	10/10	250	5000	PASS	

MAN WELDING SERVICES, INC

Company MCW BOWNE Date 6-30-18
Lease Chest Rider 2 5/8 WDAF Fed 4m County Eddy, La.
Drilling Contractor PARTRICK 230 Plug & Drill Pipe Size 5' 12 1/2"
Accumulator Pressure: 2850 Manifold Pressure: 1300 Annular Pressure: 1225

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 1800 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 1.25. 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, INC.

Job Safety Analysis

BOP TEST

Date: 6-20-18

Company: PATTERSON

Rig# 230

Company

Representative(s): Johnny

Man Welding Supervisor: [Signature]

Procedure: (Procedure number corresponds to Hazard number)

1. Check in with company man and/or toolpusher to discuss job details
2. Hold tailgate meeting/safety meeting to discuss job and JSA
3. Attach appropriate test chart
4. Tape off testing area with caution tape
5. Perform accumulator function test
6. Inspect, clean (if needed) and hook up testing equipment and hoses
7. Begin appropriate test sequences and test lengths for job
8. Test valves in direction of flow
9. Document and label all test/leaks
10. Test floor valves and/or Kelly valves
11. Rig down equipment
12. Remove test charts
13. Clean up work area

Hazards:

Injuries from leaky flanges and hoses

Pinch points from connections and equipment

Trip and slip hazards

Other: _____

Solution:

Keep area free from personal while testing

Keeps hands and feet clear. Pay attention!

Keep tools and equipment picked up.

Participant

Signatures: [Signatures]

Everyone has Stop/Work Authority

Stop/Work Authority is YOUR Responsibility

[Signature]