

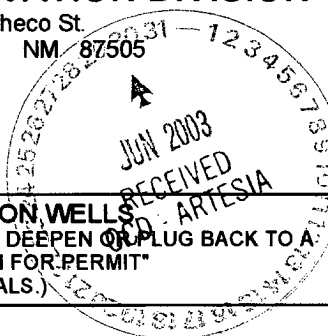
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505



WELL API NO. 30-015-32647
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. L-1899-7
Lease Name or Unit Agreement Name Esperanza 14 State Com
Well No. 2
Pool name or Wildcat Burton Flat Morrow

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.)	
Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
Name of Operator Mewbourne Oil Company 14744	
Address of Operator PO Box 5270, Hobbs, NM 88241	
Well Location Unit Letter <u>E</u> <u>1830</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>14</u> Township <u>21S</u> Range <u>27E</u> NMPM <u>Eddy</u> County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3241' GL	

11.

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 ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: TD, Csg & Cement. ☒

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

05-21-03...TD'ed 7 7/8" hole @ 11850'. Ran Open Hole logs. Ran 11850' of 5 1/2" 17# N&P110 LT/C csg. Cemented w/ 450 sks Super 'H' w/ additives. Mixed @ 13.2 #/g & 1.63 yd. Tailed w/ 350 sks 'H' w/ additives. Mixed @ 15.1 #/g & 1.28 yd.

05/23/03...Set Slips & Released Rig. Est TOC @ 8000'.

05/29/03...Ran CBL. TOC @ 7600'.

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

SIGNATURE [Signature] TITLE District Manager DATE 06-23-03
TYPE OR PRINT NAME N.M. Young TELEPHONE NO. 505-393-5905

(This space for State Use)

APPROVED BY [Signature] TITLE District Supervisor DATE JUL 02 2003

CONDITIONS OF APPROVAL, IF ANY: