

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTCarlsbad Field Office
Office ArtesiaFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018Lease Serial No.
NMNM120904**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		8. Well Name and No. SUMIDEROS 12 W1PA FED COM 1H
2. Name of Operator MEWBOURNE OIL COMPANY		9. API Well No. 30-015-45070-00-X1
3a. Address P O BOX 5270 HOBBS, NM 88241		10. Field and Pool or Exploratory Area WOLFCAMP
3b. Phone No. (include area code) Ph: 575-393-5905		11. County or Parish, State EDDY COUNTY, NM
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 12 T26S R31E SESE 185FSL 330FEL 32.050720 N Lat, 103.724129 W Lon		

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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Hydraulic Fracturing
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Well Integrity
	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Well Spud
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Plug and Abandon
	<input type="checkbox"/> Water Disposal
	<input type="checkbox"/> Plug Back
	<input type="checkbox"/> Convert to Injection

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.

09/04/18

Spud 17 1/2" hole @ 1425'. Ran 1410' of 13 3/8" 54.5# J55 ST&C Csg. Cemented with 900 sks Class C w/additives. Mixed @ 13.5#/g w/1.73 yd. Tail w/200 sks Class C w/1% CaCl₂. Mixed @ 14.8#/g w/1.34 yd. Displaced w/211 bbls of BW. Plug down @ 10:45 PM 09/05/18. Circ 321 sks of cmt to the pits.

Test BOPE to 10000# & Annular to 5000#. At 10:30 A.M. 09/06/18, 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

ENTERED
1-23-19

RECEIVED

JAN 10 2019

Accepted For Record

NMOCD

DISTRICT II-ARTESIA O.C.D.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #448286 verified by the BLM Well Information System For MEWBOURNE OIL COMPANY, sent to the Carlsbad Committed to AFMSS for processing by PRISCILLA PEREZ on 12/20/2018 (19PP0663SE)	
Name (Printed/Typed) RUBY O CABALLERO	Title REGULATORY
Signature (Electronic Submission)	Date 12/18/2018

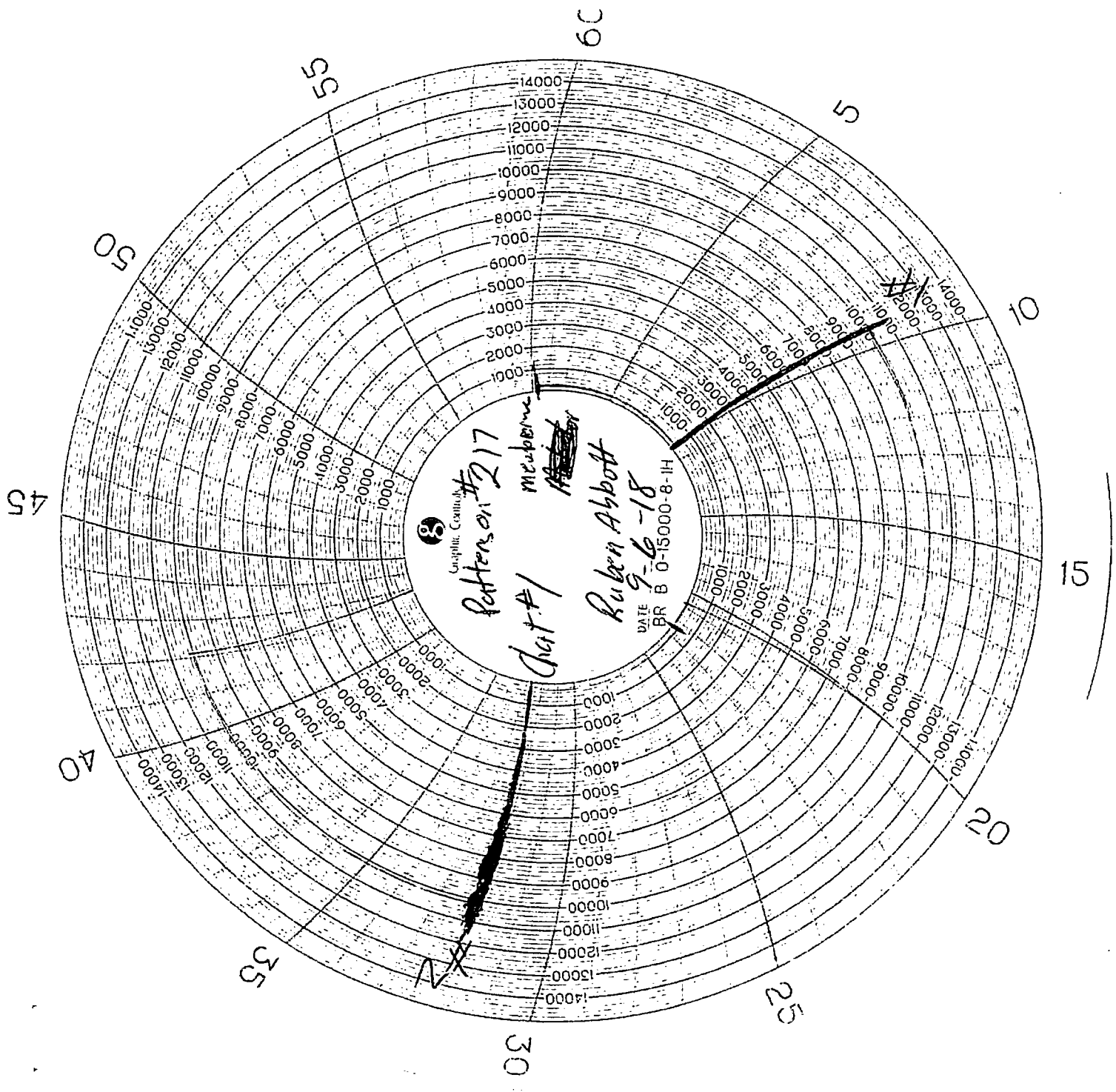
THIS SPACE FOR FEDERAL OR STATE OFFICE USE

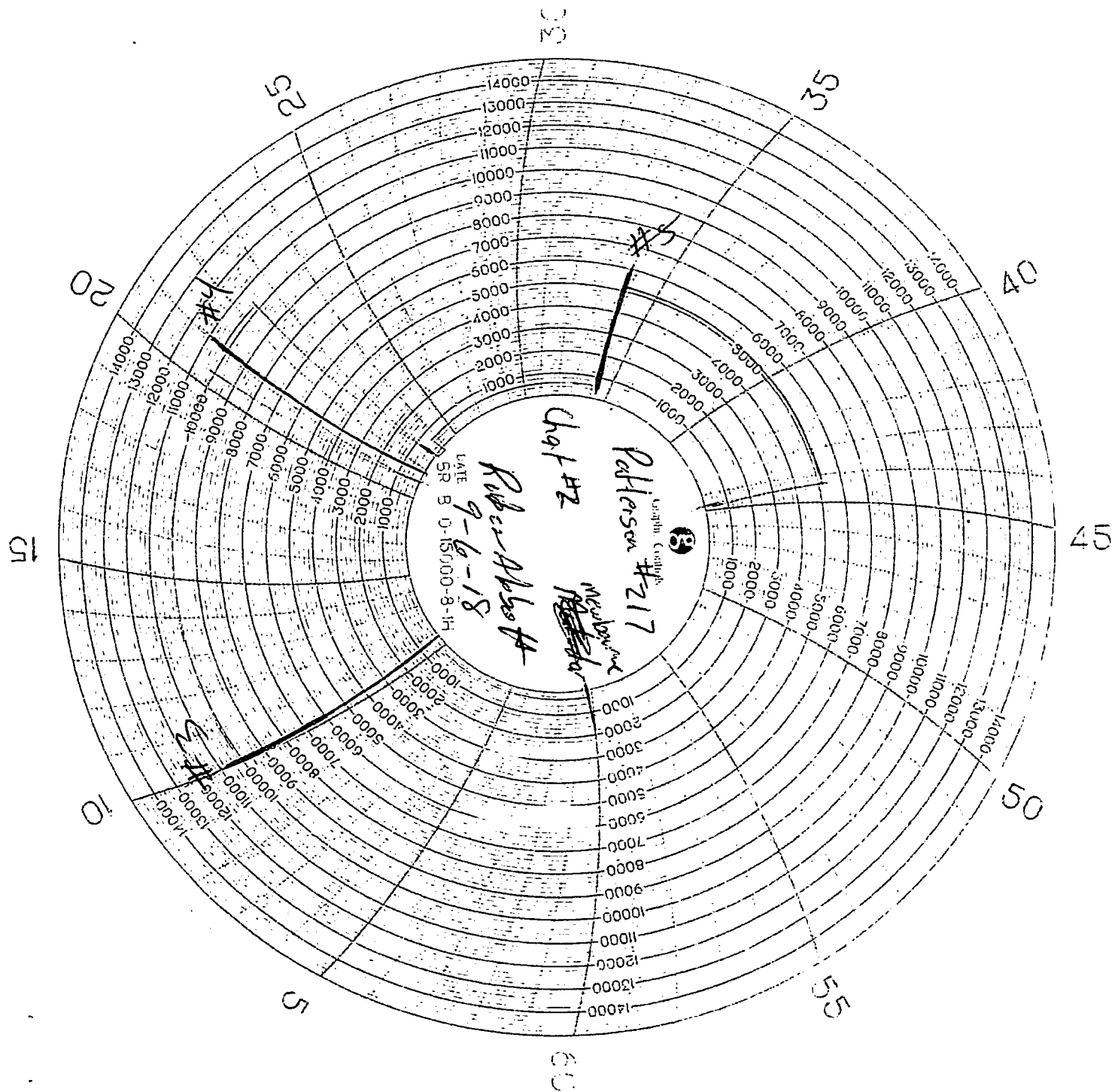
Approved By _____	Title _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		
Office _____		

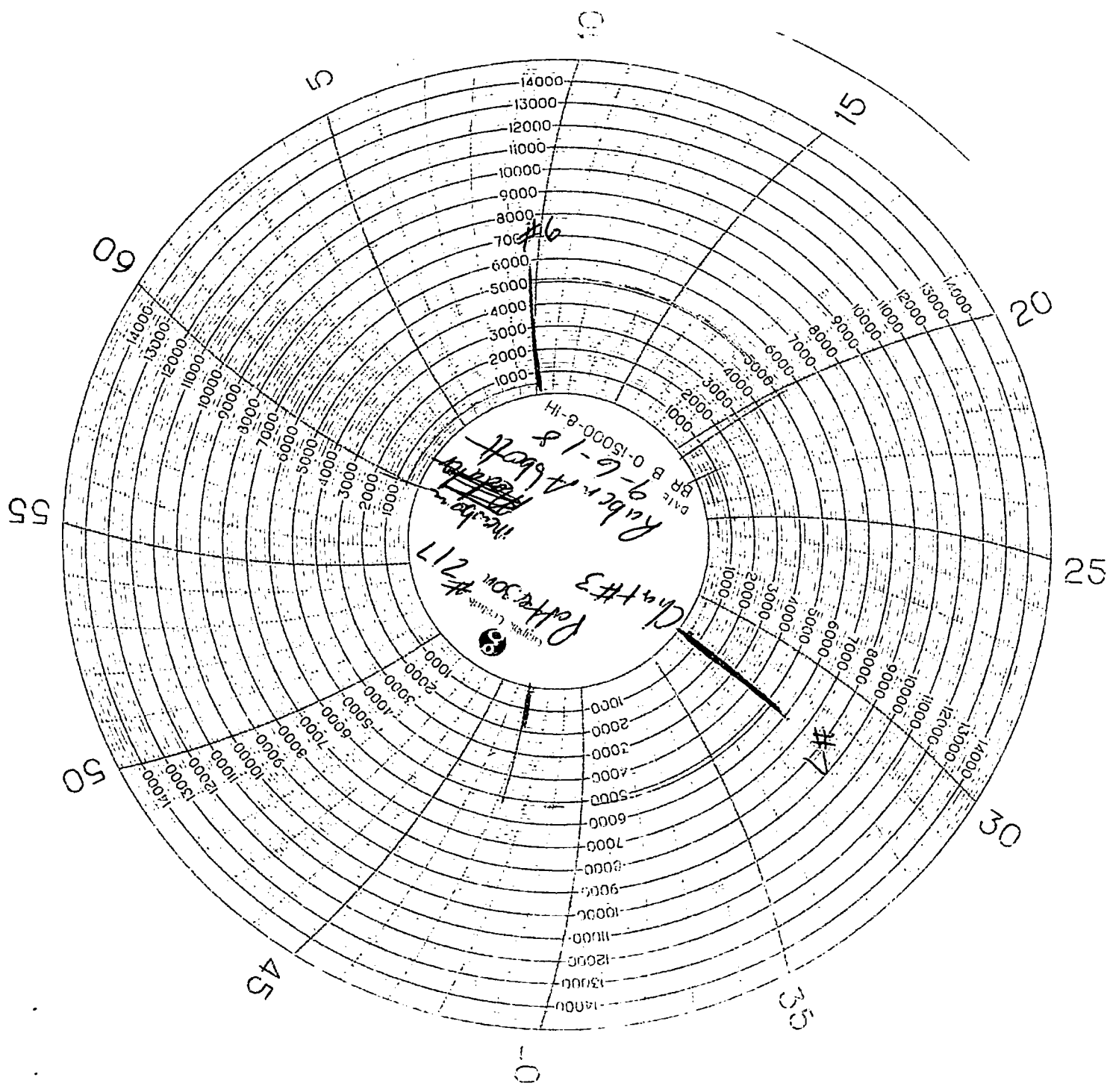
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

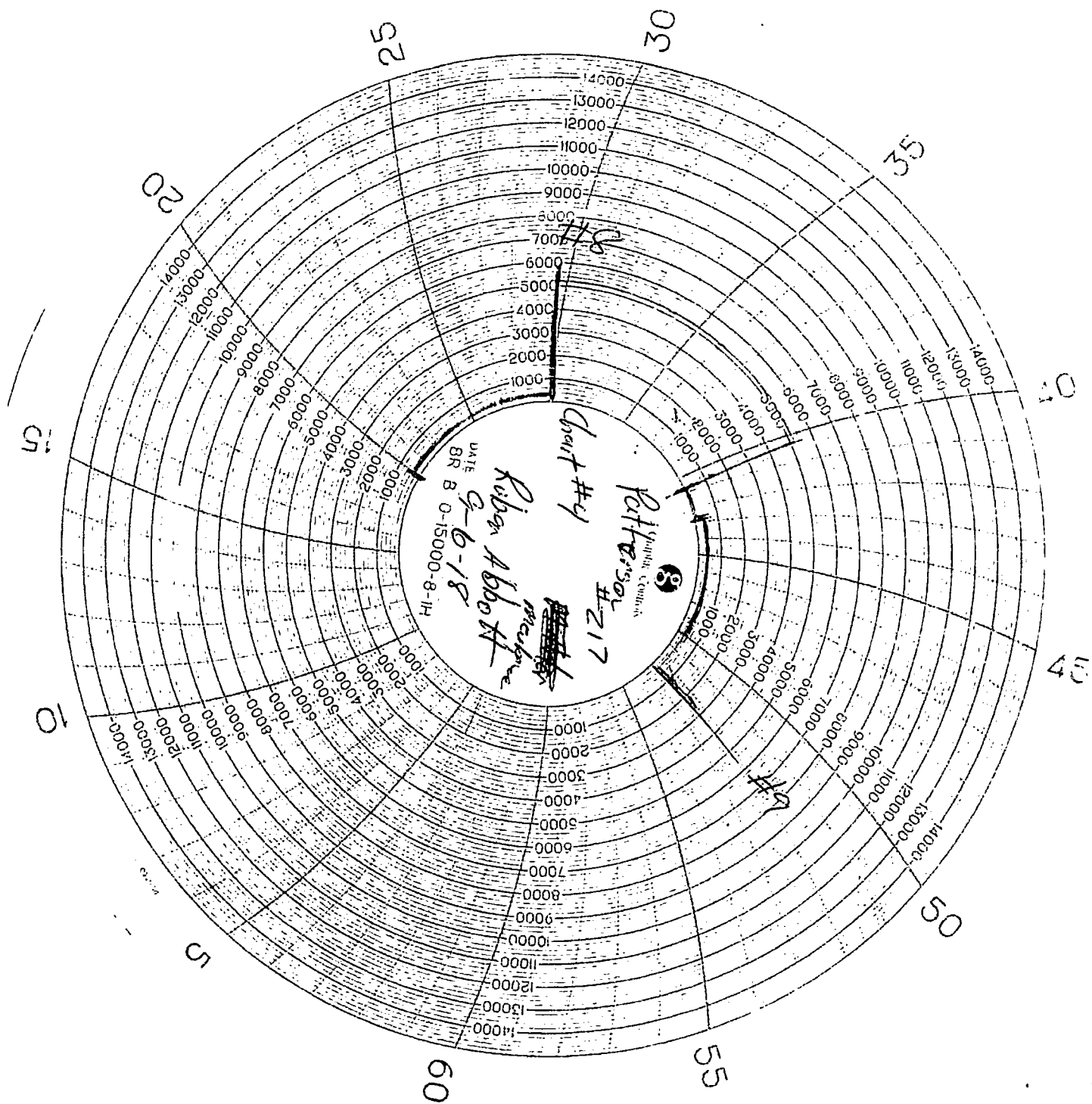
(Instructions on page 2)

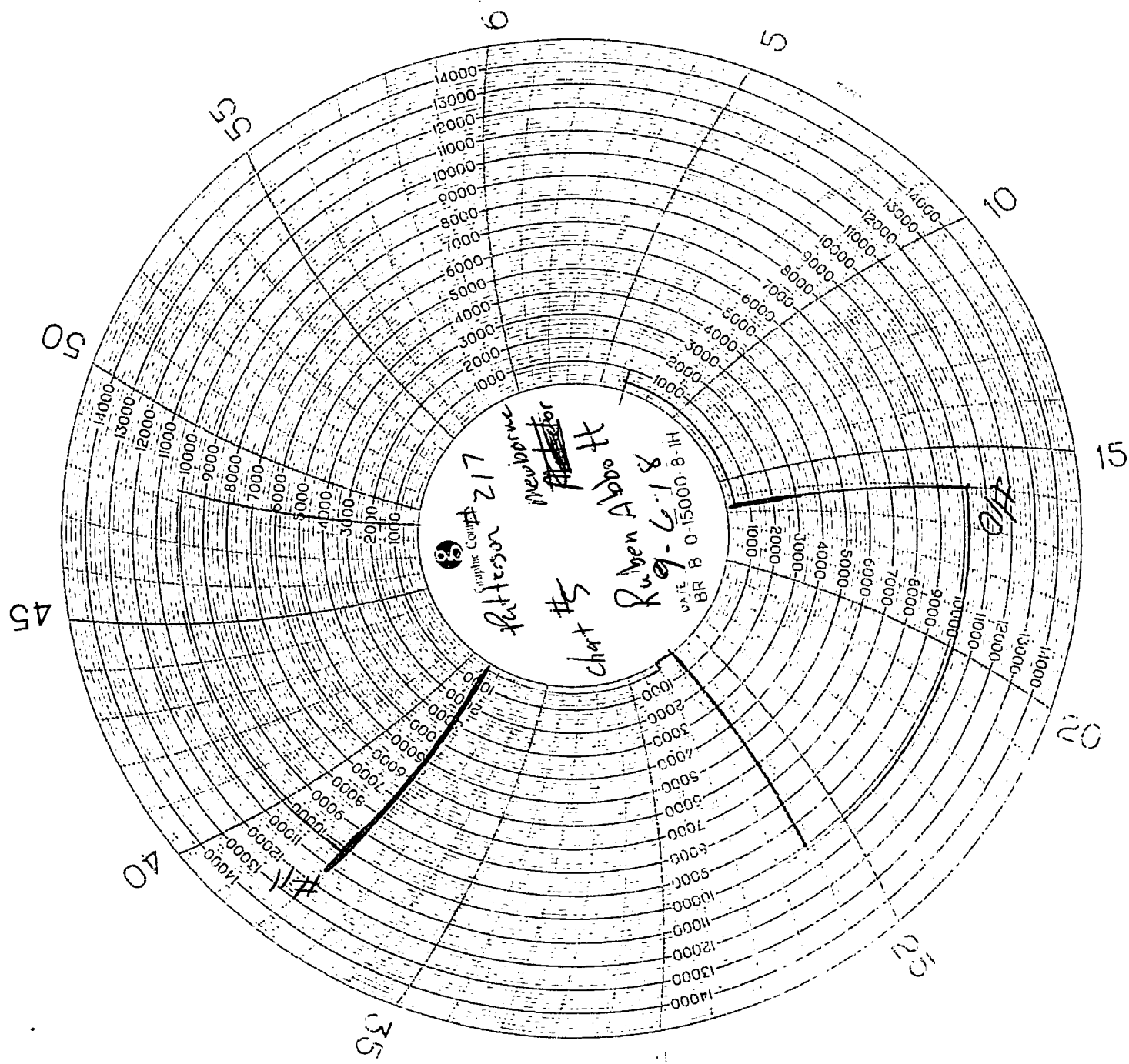
**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

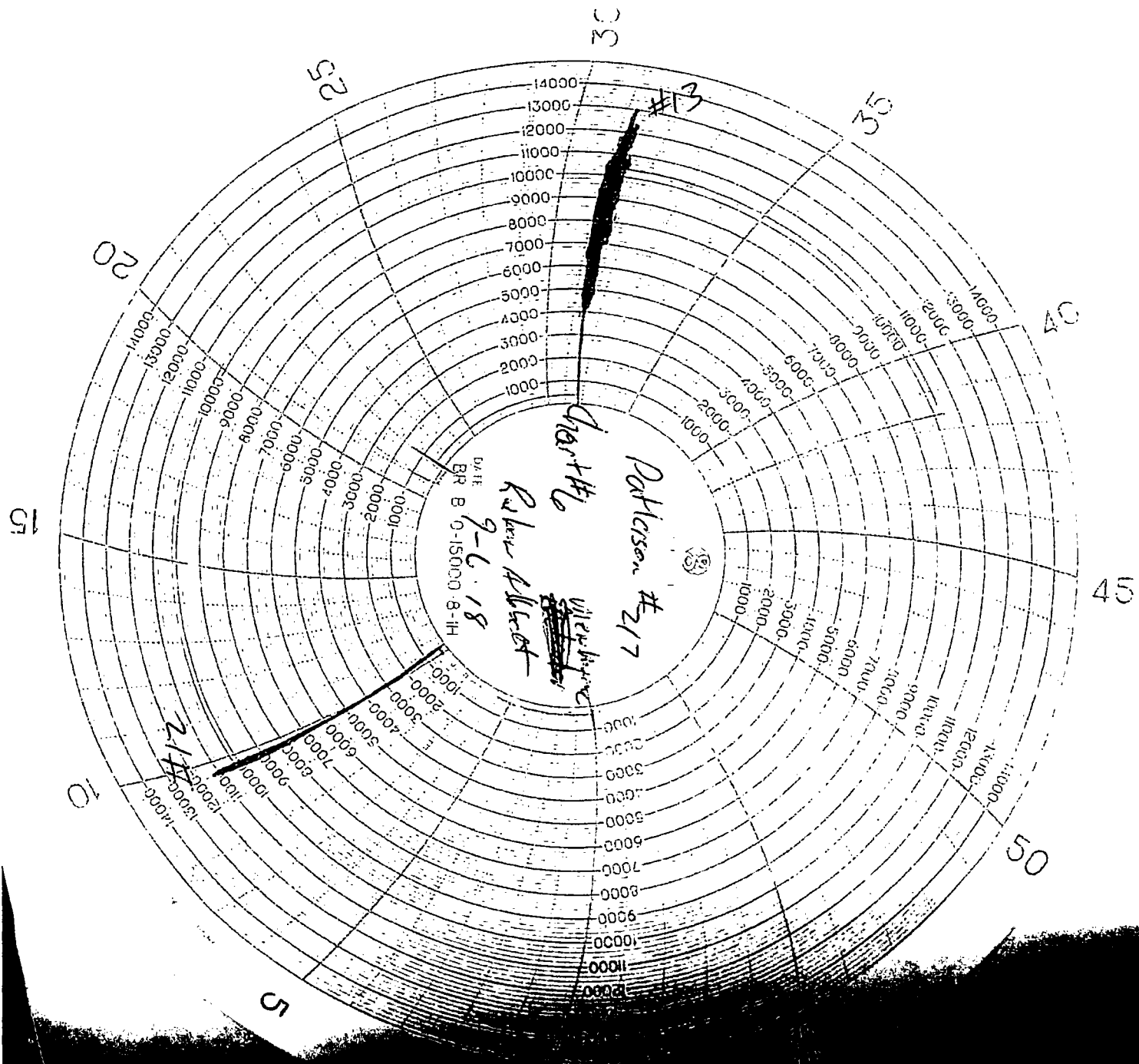


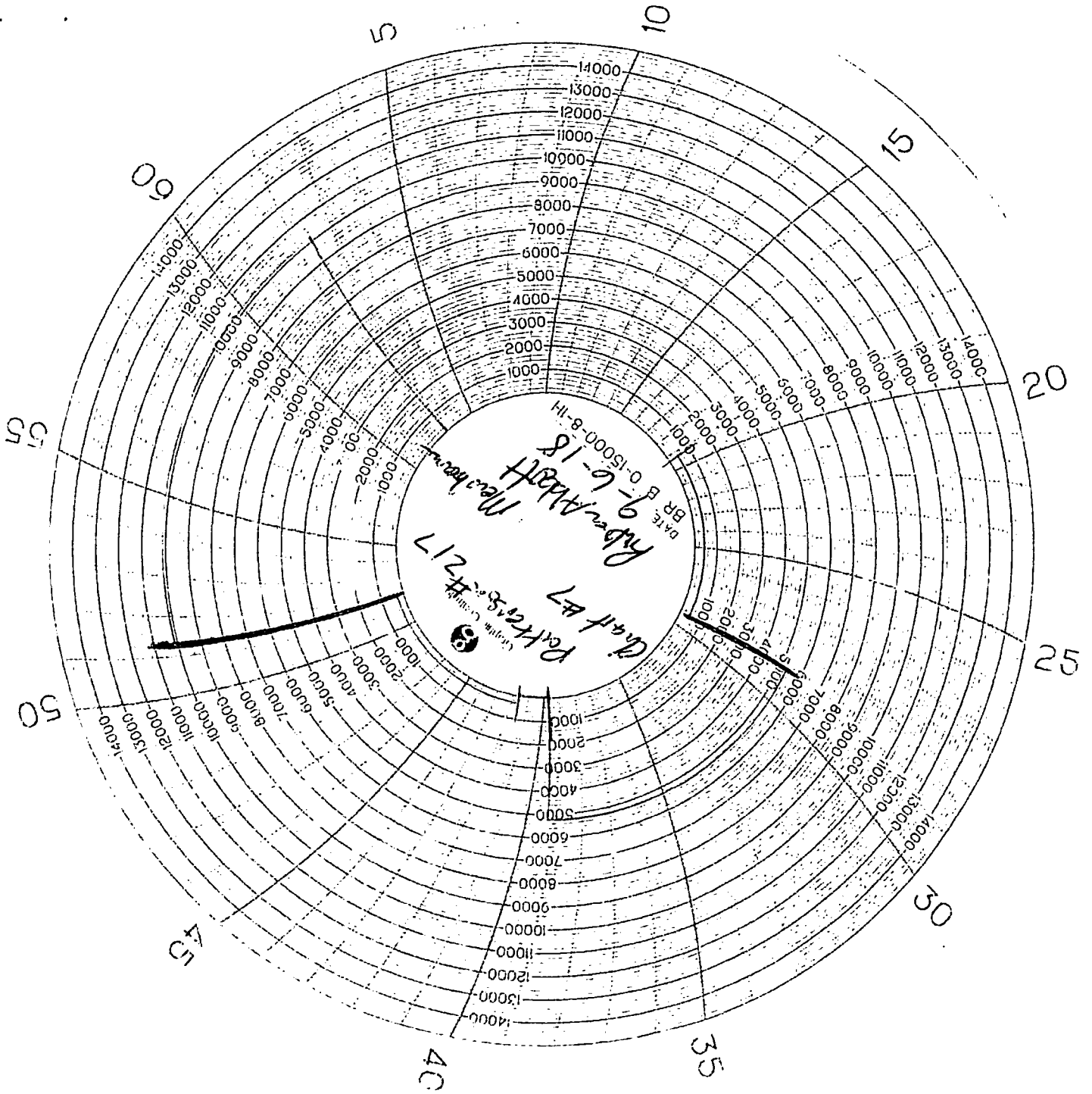


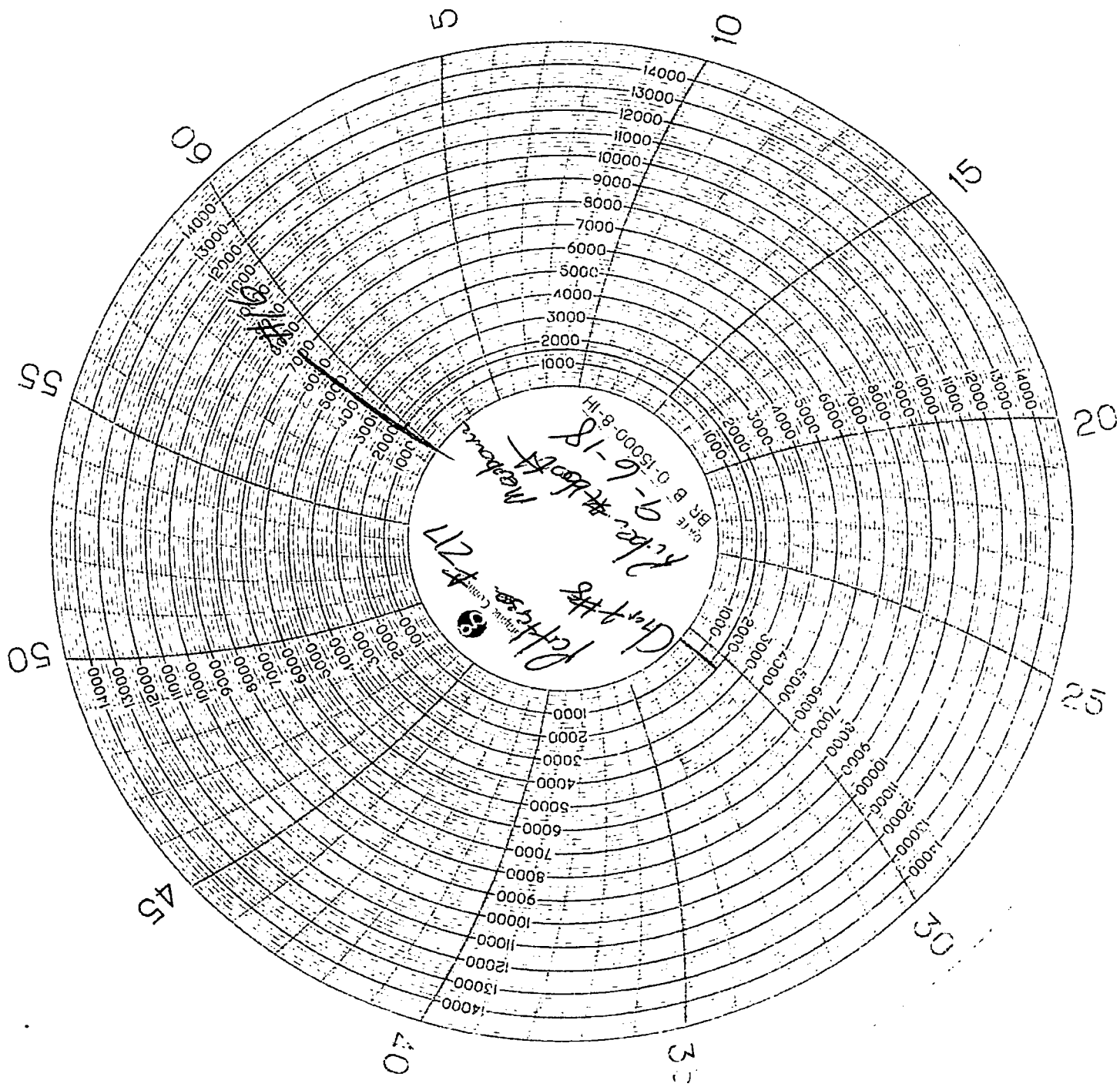














MAN
WELDING SERVICES

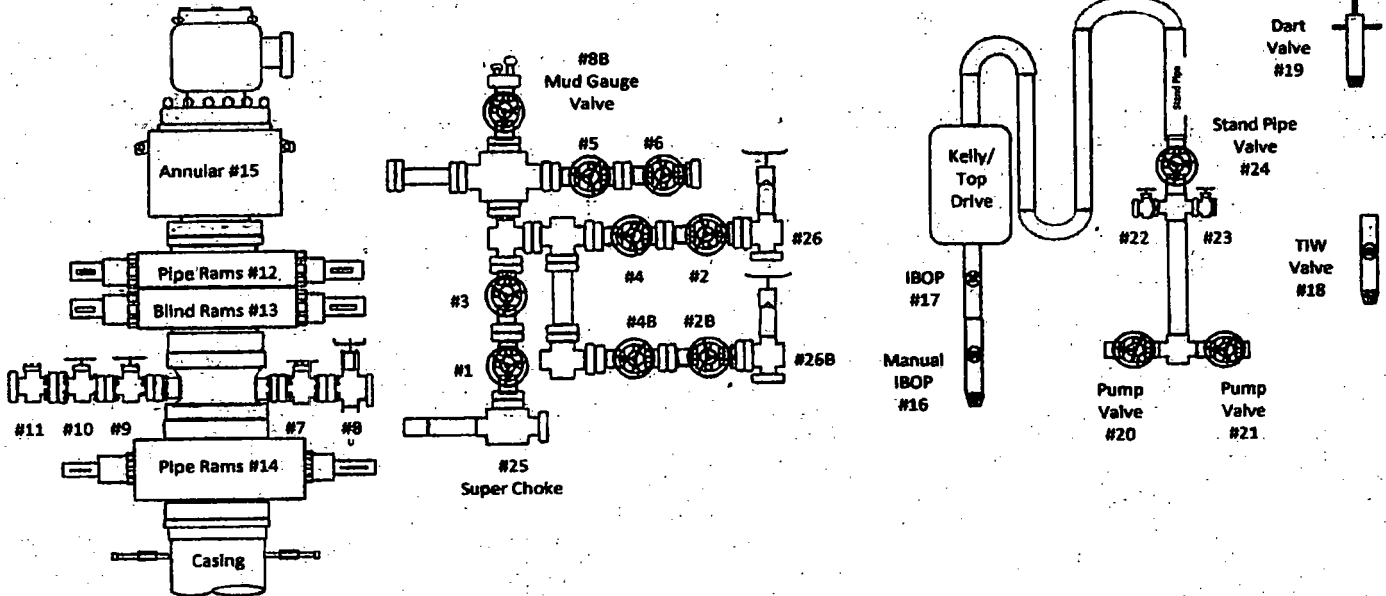
WELDING • BOP TESTING
NIPPLE UP SERVICE • BOP LIFTS • TANDEM
MUD AND GAS SEPARATORS
Lovington, NM • 575-398-4540

Pg. _____ of _____

Company: Newkirk Date: 7-6-18 Invoice # _____
Lease: Sanderos WIPA Field #14 Drilling Contractor: Patterson Rig # 217
Plug Size & Type: _____ Drill Pipe Size _____ Tester: R. H. Alt
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
#1	Truck Test	10/10	750	10000	Pass
#2	8, 1, 2, 6	10/10	750	10000	Pass
#3	8, 3, 4, 5	10/10	750	10000	Pass
#4	8, 4, 5, 25 Bump Test	10/10	750	10000	Pass
#5	16, 20, 21, 22, 23	10/10	750	5000	Pass
#6	17, 20, 21, 22, 23	10/10	750	5000	Pass
#7	20, 21, 22, 23, 24	10/10	750	5000	Pass
#8	16	10/10	750	5000	Pass
#9	19	10/10	750	5000	Pass
#10	12, 9, 8B, 3, 4, 5	10/10	750	10000	Pass
#11	12, 9, 8	10/10	750	10000	Pass
#12	12, 10, 7	10/10	750	10000	Pass
#13	14	10/10	750	10000	Pass
#14	15, 10, 7	10/10	750	5000	Pass
#15	13, 11, 3, 4, 5	10/10	750	10000	Pass
#16	Casing 1000	30 mins			Pass

MAN WELDING SERVICES, INC

Company Newbown Date 9-6-18
Lease Sanderson WPA Fed Corn County Eddy
Drilling Contractor Patterson 8711 Plug & Drill Pipe Size _____
Accumulator Pressure: 3100 Manifold Pressure: 1500 Annular Pressure: 850

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 915 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 915 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 1:47. 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)