Form 3160-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR OCD-ARTESIA **BUREAU OF LAND MANAGEMENT**

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.

FORM APPROVED OMB No. 1004-0135 Expires January 31, 2004

5. Lease Serial No.

LC-046256-B (SL) NM-27279 (BHL) 6. If Indian, Allottee or Tribe Name

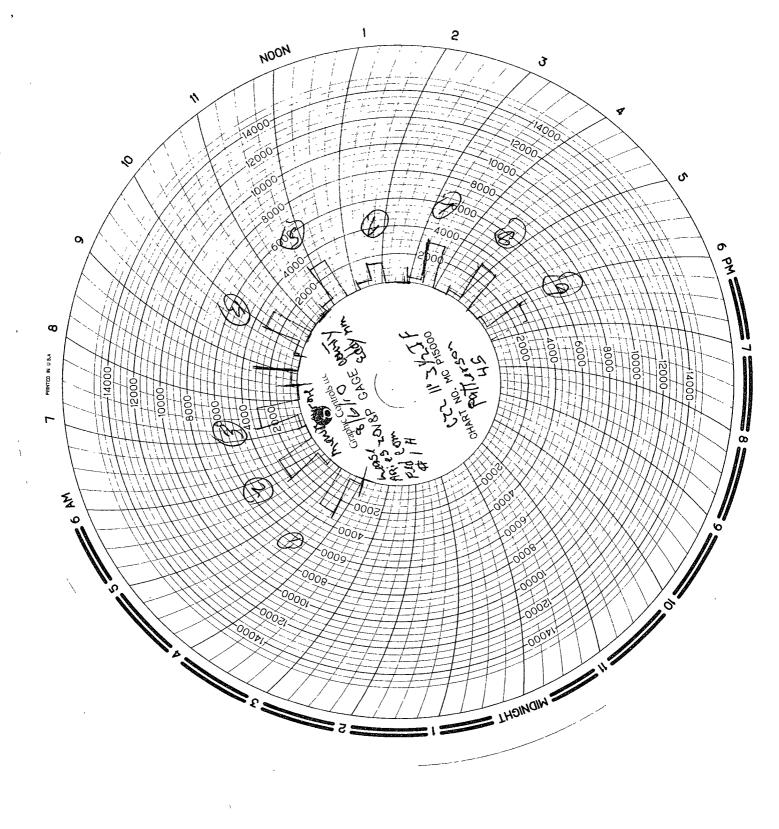
| SUBMIT IN TR | IPLICATE - Other Instru | ictions on reverse side | 7. If Unit or CA/Agreement, Name and/or No. | | | |
|--|---|--|---|--|--|--|
| I. Type of Well | | | | | | |
| Oil Well Gas Well | 8. Well Name and No. | | | | | |
| 2. Name of Operator | Aries 20 Fed Com #1H | | | | | |
| Mewbourne Oil Company 147 | 9. API Well No. | | | | | |
| 3a. Address | | 3b. Phone No. (include area code) | 30-015-37819 | | | |
| PO Box 5270 Hobbs, NM 88241 | | 575-393-5905 | 10. Field and Pool, or Exploratory Area | | | |
| 4. Location of Well (Footage, Sec., | T, R., M., or Survey Description, |) | Sand Tank Bone Spring | | | |
| | | | 11. County or Parish, State | | | |
| 600' FNL & 330' FWL, Sec 20-T18S-R30E Unit Letter D (Surface) 600' FNL & 330' FEL, Sec 20-T18S-R30E Unit Letter A (BHL) | | | Eddy County, NM | | | |
| 12. CHECK AP | PROPRIATE BOX(ES) TO | INDICATE NATURE OF NOTION | CE, REPORT, OR OTHER DATA | | | |
| TYPE OF SUBMISSION | | TYPE OF ACTIO | N | | | |
| | Acidize | Deepen Production | n (Start/Resume) Water Shut-Off | | | |
| Notice of Intent | Actuize Alter Casing | Fracture Treat Reclamat | | | | |
| | | | | | | |
| Subsequent Report | Casing Repair | New Construction Recomple | | | | |
| Final Abandonment Notice | Change Plans | = - | uly Abandon | | | |
| rinai Abandonment Notice | Convert to Injection | Plug Back Water Dis | posal | | | |
| 3. 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 recomplete 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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.) | | | | | | |
| 12.5 #/g w/ 2.12 yd. Tail w/400 08/07/10 tested BOPE to 3000# Drilled out with 6 1/8" bit. | sks Class H w/additives. Mix & annular to 1500#. At 11:00 | ed @ 15.6 #/g w/ 1.18 yd. Plug down am 08/07/10, tested csg to 1500# for 3 | ks BJ Lite Class H (35:35:4) w/additives. Mixed @ @ 5:30 pm 08/05/10. Circ 50 sks cmt to pit. On 0 minutes, held OK. Chart RECEIVEE SEP 1 3 2010 | | | |
| Reminder: | Any casing c | hange must have | prior approvaMOCD ARTES | | | |

| 14. 1 hereby certify that the foregoing is true and correct Name (PrintedlTyped) | | | • = 1 - 1 - 1 | | | | | |
|---|---------|-----------------------|---------------|-----------------|-------|--------|--------|---------------------|
| Jackie Lathan | Title | Hobbs Re | gulato | ory | | | | |
| | | 08/09/10 | | | | | | |
| THIS SPACE FOR FEDERA | LOR | STATE (| AG | 进RED | FOR | REC | ORD | |
| Approved by (Signature) | | Name (Printed/Type | d) | | | Title | | |
| Conditions of approval, if any, are attached Approval of this notice does not warr certify that the applicant holds legal or equitable title to those rights in the subject which would entitle the applicant to conduct operations thereon | lease | Office | /s | SEP / Dustir | ı Wi | nkler | Date | |
| Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for an States any false, fictitious or fraudulent statements or representations as to any matter w | y perso | on knowing | ly and | WEAKLSE AND | ND MA | NAGENE | ent or | gency of the United |

(Continued on next page)

Accepted for record NMOCD D&





grand in the state

WELDING • BOP TESTING
NIPPLE UP SERVICE • BOP LIFTS • TANDEM
MUD AND GAS SEPARATORS

INVOICE

112R0 11313

| WELDING SERVICES | Lovington, Ni | A • 3575-396-45 | 40 | . 4-D4 . | / |
|--|--|---|----------------|---------------------|---------------|
| company May Bourne | | Date | 6/10 | _Start Time_200 | am 🗆 pm |
| Lease ARIES 20 Ful | ed Com # | 14 | | County Edds | State MM |
| Company Man | | | | | |
| Wellhead Vendor | | Tester | im Bry | an | |
| Drlg. Contractor Patter 501 | | *************************************** | | Rig # 4 | 15 |
| Tool Pusher | | | | | // |
| Plug Type CZZ | | Plug Size// | D | rill Pipe Size | 277 |
| Casing Valve Opened | 5 | Che | eck Valve Open | Ve5 | |
| ANNULAR 15 RAMS 12 RAMS 13 RAMS 14 Check Valve 11 9 10 7 8 TEST # ITEMS TESTED / /0 25 6 26 /2 2 9 / 5 2 /2 3 // 3 5 4/2 4 // 8 /3 5 // 7 /3 6 // 7 /3 6 // 7 /5 7 /7 8 /8 9 /9 | 26 2 4 5 Rote 8b 6 3 1 25 1 TEST LENGTH LOW PS | ating Head 21 | 22 23 | 19 19 20 REMARKS | 17 |
| 9 19 | 10/10 250 | 3000 | | | |
| | | | | | |
| | | | 4 | | |
| | | | | | |
| | M | | | | |
| 8 HR@ 1000 | | 000 00 | | SUB TOTAL 12 TAX 70 | 8400 |
| 2 HR@ 85 | , / | 7000 | | TAY 70 | 162 |
| 2 HR@ 85° Mileage 114 @ 100 Psr m | 1/4 | 7000 | | TOTAL 13 | 5462 |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | · 1 | | | IOIAL | |

MAN WELDING SERVICES, MC

| Company MNW BOHF1E | Date 8/6/10 | Ry . |
|----------------------------------|-------------------------------|--------|
| Lease ARiES ZZ Fed Com #1 | H County Eddy nm | |
| Drilling Contractor Pattioson 45 | Plug & Drill Pipe Size C22//" | 3/2 IF |

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 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 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 ______. 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}

