

Sante Fe Main Office  
Phone: (505) 476-3441

General Information  
Phone: (505) 629-6116

Online Phone Directory  
<https://www.emnrd.nm.gov/oecd/contact-us>

State of New Mexico  
Energy, Minerals and Natural Resources  
Oil Conservation Division  
1220 S. St Francis Dr.  
Santa Fe, NM 87505

QUESTIONS

Action 473428

QUESTIONS

|                                                                       |                                                       |
|-----------------------------------------------------------------------|-------------------------------------------------------|
| Operator:<br><br>MEWBOURNE OIL CO<br>P.O. Box 5270<br>Hobbs, NM 88241 | OGRID:<br><br>14744                                   |
|                                                                       | Action Number:<br><br>473428                          |
|                                                                       | Action Type:<br><br>[UF-FAC] TB Registration (TB-REG) |

QUESTIONS

|                                                |                           |
|------------------------------------------------|---------------------------|
| Facility Details                               |                           |
| Please answer all the questions in this group. |                           |
| Name of the facility                           | TOP ROUND 16/9 BATTERY #1 |
| Date the facility was opened                   | 04/07/2025                |
| Depth to ground water, if known                | Not answered.             |

|                                                                |    |
|----------------------------------------------------------------|----|
| Verification                                                   |    |
| Does the operator have other facilities with a matching name   | No |
| Are there other facilites located within approximately 50 feet | No |

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ACKNOWLEDGMENTS

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|                                     |                                                                                              |
|-------------------------------------|----------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | I certify that I am authorized to register a facility on behalf of the responsible operator. |
| <input checked="" type="checkbox"/> | I certify that I will notify OCD of any changes of ownership for this facility.              |
| <input checked="" type="checkbox"/> | I certify that I will notify OCD when this facility is closed.                               |