

DATE 6/23/15	SUPERVISOR WVS	ENGINEER WVS	LOGGED 6/29/15	TYPE SWD 1561	APPROVAL PMTJ 51844763
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ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION

- Engineering Bureau -

1220 South St. Francis Drive, Santa Fe, NM 87505



ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Application Acronyms:

[NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
 [DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
 [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
 [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
 [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
 [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

[1] TYPE OF APPLICATION - Check Those Which Apply for [A]

- [A] Location - Spacing Unit - Simultaneous Dedication
☐ NSL ☐ NSP ☐ SD

Check One Only for [B] or [C]

- [B] Commingling - Storage - Measurement
☐ DHC ☐ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM

- [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
☐ WFX ☐ PMX ☒ SWD ☐ IPI ☐ EOR ☐ PPR

- [D] Other: Specify _____

[2] NOTIFICATION REQUIRED TO: - Check Those Which Apply, or Does Not Apply

- [A] ☐ Working, Royalty or Overriding Royalty Interest Owners
 [B] ☒ Offset Operators, Leaseholders or Surface Owner
 [C] ☒ Application is One Which Requires Published Legal Notice
 [D] ☐ Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office
 [E] ☒ For all of the above, Proof of Notification or Publication is Attached, and/or,
 [F] ☐ Waivers are Attached

RECEIVED OCD
2015 JUN 23 P 3 28

[3] SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.

[4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

<u>James Bruen</u>	<u>James Bruen</u>	<u>Attorney</u>	<u>6/20/15</u>
Print or Type Name	Signature	Title	Date
		<u>james.bruen@ool.com</u>	
		e-mail Address	

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

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2015 JUN 23 P 3:28

June 20, 2015

Phillip Goetze
Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, New Mexico 87505

Dear Mr. Goetze:

Enclosed is an application for administrative approval of a salt water disposal well (Top Gun Fed. SWD Well No.1), filed on behalf of Mewbourne Oil Company. When I receive the certified green cards and the newspaper's affidavit of publication I will forward them to you.

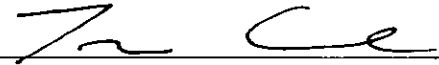
Very truly yours,



James Bruce

Attorney for Mewbourne Oil Company

APPLICATION FOR AUTHORIZATION TO INJECT

- I. PURPOSE: Secondary Recovery Pressure Maintenance X Disposal Storage
Application qualifies for administrative approval? X Yes No
- II. OPERATOR: **Mewbourne Oil Company**
ADDRESS: **500 W. Texas Suite 1020**
Midland, TX 79701
CONTACT PARTY: **Travis Cude** PHONE: **432-682-3715**
- III. WELL DATA: Complete the data required on the reverse side of this form for each well proposed for injection.
Additional sheets may be attached if necessary.
- IV. Is this an expansion of an existing project? Yes X No
If yes, give the Division order number authorizing the project: _____
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
1. Proposed average and maximum daily rate and volume of fluids to be injected;
 2. Whether the system is open or closed;
 3. Proposed average and maximum injection pressure;
 4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
 5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- *VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.
- *X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).
- *XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.
- NAME: **Travis Cude** TITLE: **Reservoir Engineer**
SIGNATURE:  DATE: 3/10/15
E-MAIL ADDRESS: **tcude@mewbourne.com**
- * If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. Please show the date and circumstances of the earlier submittal: _____

III. WELL DATA

A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:

- (1) Lease name; Well No.; Location by Section, Township and Range; and footage location within the section.
- (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
- (3) A description of the tubing to be used including its size, lining material, and setting depth.
- (4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District Offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.

- (1) The name of the injection formation and, if applicable, the field or pool name.
- (2) The injection interval and whether it is perforated or open-hole.
- (3) State if the well was drilled for injection or, if not, the original purpose of the well.
- (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
- (5) Give the depth to and the name of the next higher and next lower oil or gas zone in the area of the well, if any.

XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) The intended purpose of the injection well; with the exact location of single wells or the Section, Township, and Range location of multiple wells;
- (3) The formation name and depth with expected maximum injection rates and pressures; and,
- (4) A notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, New Mexico 87505, within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

INJECTION WELL DATA SHEET

OPERATOR: **Mewbourne Oil Company**WELL NAME & NUMBER: **Top Gun Federal SWD #1** (Originally: Ranch Hand 18 Fed Com #2) API 30-015-31075

WELL LOCATION:	660' FNL & 660' FEL	A	18	23S	27E
	FOOTAGE LOCATION	UNIT LETTER	SECTION	TOWNSHIP	RANGE

WELLBORE SCHEMATIC (See Attached)**WELL CONSTRUCTION DATA**Surface CasingHole Size: **17 1/2"**Casing Size: **13 3/8" @ 508'**Cement with: **450 sx**Top of Cement: **Surface**
(circulated)Intermediate CasingHole Size: **12 1/4"**Casing Size: **9 5/8" @ 2683'**Cement with: **910 sx**Top of Cement: **Surface'**
(Circulated)Intermediate CasingHole Size: **8 3/4"**Casing Size: **7" @ 12900'**2nd Stg Cement with : **1500 sx**Top of Cement: **Surface****DVT @ 9100'**1st Stg Cement with : **600 sx****DVT @ 12,875'****External Csg Packer @ 12,895'****TD @ 14000'**Injection Interval

Open Hole Completion from 12900'-14000'

INJECTION WELL DATA SHEET

Tubing Size: **3 1/2"9.3# L80**

Lining Material: **TK99 IPC**

Type of Packer: **Arrowset 1X (nickel plated)**

Packer Setting Depth: **+/- 12,850**

Other Type of Tubing/Casing Seal (if applicable): **N/A**

Additional Data

1. Is this a new well drilled for injection? **No**

If no, for what purpose was the well originally drilled? **Morrow Test**

2. Name of the Injection Formation: **Devonian, Open Hole Completion**

3. Name of Field or Pool (if applicable): **SWD, Devonian**

4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail, i.e. sacks of cement or plug(s) used.

Plugs: cmt plug (85 sx) 11382'-11582', cmt plug (90 sx) 10443'-10643', cmt plug(65 sx) 8875'-9025', cmt plug(40 sx) 5600'-5700', cmt plug(45 sx) 2633'-2733', cmt plug(35 sx) 458'-558', cmt plug (15 sx) 50' to Surface.

5. Give the name and depths of any oil or gas zones underlying or overlying the proposed injection zone in this area:

Overlying producing zone – **Morrow, 11482'-12000'**

Underlying producing zone – **N/A**

Mewbourne Oil Company

Well Name: Ranch Hand 18 Fed Com #2

Last Updated by: T Cude on 02/20/2015

17 1/2" x 13 3/8" 48# H-40 ST&C csg

Set @ 508'

Cmt w/ 450 sx, circ to surface

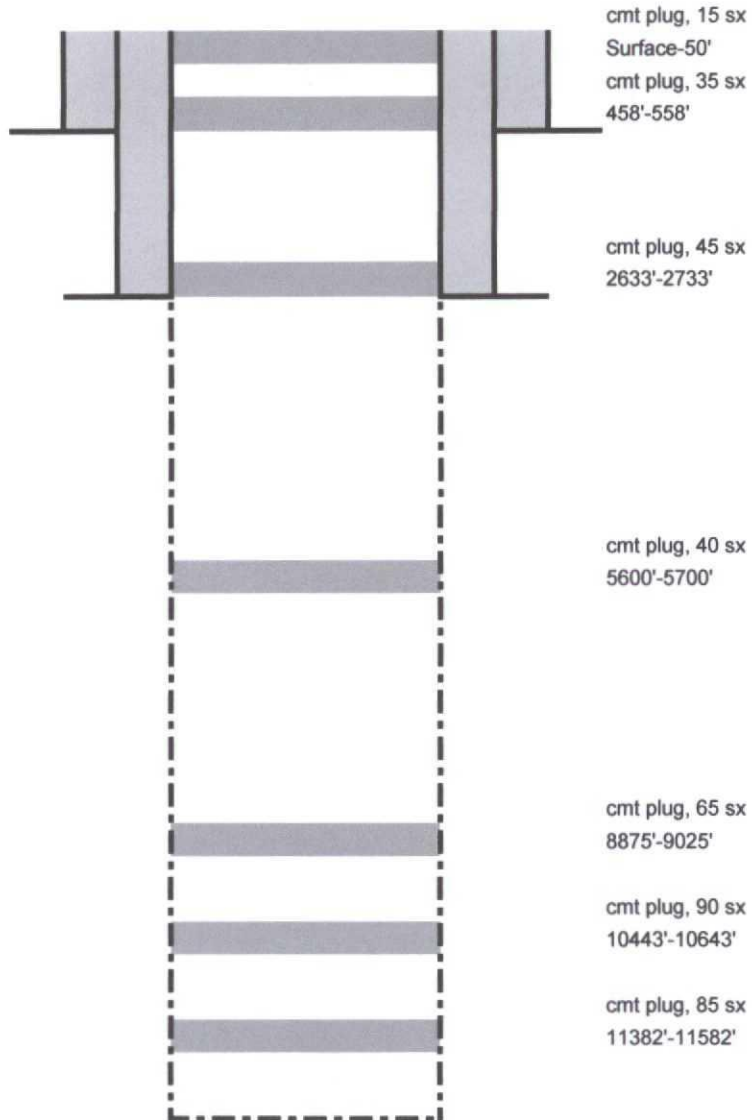
12 1/4" x 9 5/8" 40# J55 csg

Set @ 2683'

Cmt w/ 910 sx, circ to surface

8 3/4" Open Hole

TD @ 12150'



Mewbourne Oil Company

Well Name: Top Gun Federal SWD #1

Last Updated by: T Cude on 02/20/2015

17 1/2" x 13 3/8" 48# H-40 ST&C csg

Set @ 508'

Cmt w/ 450 sx, circ to surface

12 1/4" x 9 5/8" 40# J55 csg

Set @ 2683'

Cmt w/ 910 sx, circ to surface

DVT @ 9100'

Cmt 2nd Stage w/ 1500 Sx, circ to surface

DVT @ 12875'

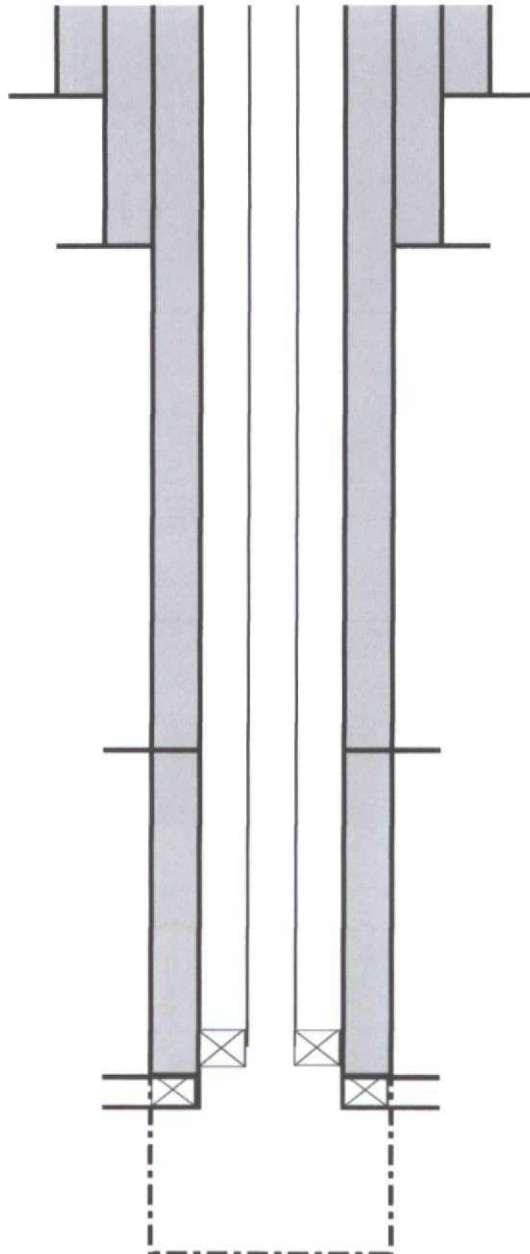
8 3/4" x 7" 26# HCP-110 LTC

Set @ 12900'

Cmt 1st Stage w/ 600 Sx, circ off upper tool

8 3/4" Open Hole

TD @ 14000'



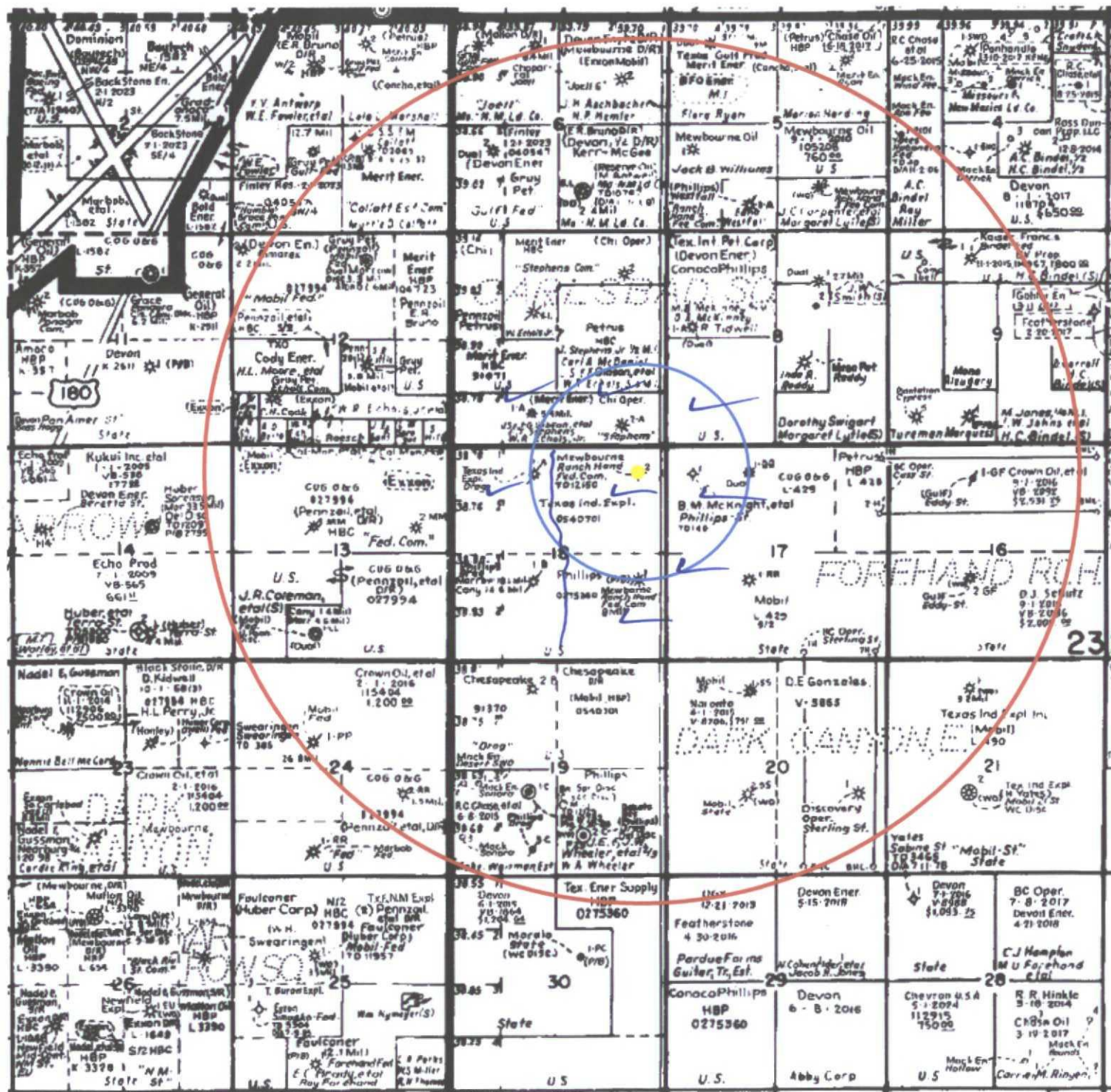
Injection String

3 1/2" 9.3# L80 tbg IPC w/TK99

Arrowset 1X Nickel Pltd Pkr set @ 12850'

External Csg Pkr Set @ 12895'

Injection Interval 12900'-14000'



Top Gun Federal SWD #1 C-108
Additional Details

- VI.** There are no wells penetrating the disposal formation within the area of review.
- VII.**
1. Proposed average rate of 10,000 bwpd and maximum rate of 20,000 bwpd.
 2. Closed system.
 3. Proposed average injection pressure is unknown and the maximum injection pressure is approximately 2580 psi (0.2 psi/ft x 12,900 ft).
 4. Injection fluid will be formation water from the Mewbourne Oil Company(MOC) operated Bone Spring and Wolfcamp wells in the area. Attached is a water analysis from the Layla 35 OB 1H (Bone Spring: 35-23S-28E) and the Layla 35 MD Fee 2H (Wolfcamp: 35-23S-28E).
 5. We will be injecting into the Devonian formation. Devonian formation water is known to be compatible with the formation water of the Bone Spring and Wolfcamp; however, water analysis for the Devonian was not available in the area.
- VIII.**
1. The proposed injection interval is within the Devonian formation which is a porous dolomitic limestone from 12900' to 14,000'.
 2. The underground fresh water aquifers (unnamed) are present at shallow depths <350'. There are no known fresh water intervals underlying the injecting formation.
- IX.** The proposed stimulation is an open-hole acid treatment of 20000 gallons of 15% HCL.
- IX.** No logs are currently on file with the Division. The appropriate log data will be filed upon re-entry and deepening of the well.
- X.** There are currently six water wells on file with the State Engineers Office in the area of interest. Five wells were filed with log information, and all five wells were drilled to depths shallower than 400 feet. Mewbourne Oil Company was able to get an analysis from the fresh water well located in the SW/4 of unit O-7-T23S-R27E. Additionally, MOC located an abandoned well in the SE/4 of unit P-7-T23S-27E. MOC was unable to find or access the other three wells on record.
- XI.** Mewbourne Oil Company has examined geologic and engineering data and has found that there is no evidence of faulting between the proposed disposal zone and any underground sources of drinking water.
- XII.** See attached Proof of Notice

MEWBOURNE OIL COMPANY
P. O. BOX 7698
TYLER, TEXAS 75711

Lease Layla "35" OB Well No 1H Location 150' FSL & 1980' FEL
County Eddy ST NM Section 35 TwnShp 23S Rng 28E
Section Blk Survey
Filename Page 1
API No. 30-015-40968

DATE	DAILY REPORTS
AUG 1 2013	Water analysis from 08/01/13: SG @ 1.120, Temp 70°, pH 6.48, Na 49502, Ca 5200, Mg 2400, Fe 10, CL 92000, SO4 250, HCO3 73 (all in Mg/L).

Lease	Layla 35 MD Fee			Well No	#2H	Location	150' FSL & 660' FWL	
County	Eddy	ST	NM	Section	35	TwnShp	23S	Rng 28E
Section		Blk		Survey				
Filename							Page	1

DATE	DAILY REPORTS
MAY 21 2014	<p data-bbox="331 700 1555 778">Water analysis from 5/21/14: SG @ 1.075, Temp 70°, pH 6.77, Na 30000, Ca 7200, Mg 960, Fe 0.4, CL 62000, SO4 350, HCO3 166 (all in Mg/L).</p> <p data-bbox="719 795 1153 1017"><u>WOLFCAMP</u></p>



Water Analysis

Date: 06-Mar-15

2708 West County Road, Hobbs NM 88240

Phone (575) 392-5556 Fax (575) 392-7307

Analyzed For

Company	Well Name	County	State
Mewbourne	Ranch Hand	Lea	New Mexico

Sample Source well Sample # 1

Formation Depth

Specific Gravity	1.005	SG @ 60 °F	1.007
pH	6.90	Sulfides	Absent
Temperature (°F)	70	Reducing Agents	

Cations

Sodium (Calc)	in Mg/L	3,049	in PPM	3,028
Calcium	in Mg/L	120	in PPM	119
Magnesium	in Mg/L	95	in PPM	95
Soluble Iron (FE2)	in Mg/L	0.0	in PPM	0

Anions

Chlorides	in Mg/L	4,000	in PPM	3,972
Sulfates	in Mg/L	1,550	in PPM	1,539
Bicarbonates	in Mg/L	59	in PPM	58
Total Hardness (as CaCO3)	in Mg/L	700	in PPM	695
Total Dissolved Solids (Calc)	in Mg/L	8,874	in PPM	8,812
Equivalent NaCl Concentration	in Mg/L	8,089	in PPM	8,033

Scaling Tendencies

*Calcium Carbonate Index 7,027

Below 500,000 Remote / 500,000 - 1,000,000 Possible / Above 1,000,000 Probable

*Calcium Sulfate (Gyp) Index 186,000

Below 500,000 Remote / 500,000 - 10,000,000 Possible / Above 10,000,000 Probable

*This Calculation is only an approximation and is only valid before treatment of a well or several weeks after treatment.

Remarks rw=95@70f

Report # 3304

MEWBOURNE OIL COMPANY

500 W. TEXAS, SUITE 1020
MIDLAND, TEXAS 79701

(432) 682-3715
FAX (432) 685-4170

March 10, 2015

Engineering and Geological Services Bureau, Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, NM 87505
Attn: Mr. Phillip Goetze

Re: Top Gun Federal SWD #1

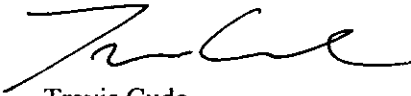
Mr. Goetze,

In accordance with item XII on Mewbourne Oil Company's C-108 filed for the captioned salt water disposal well, Mewbourne Oil Company has examined geologic and engineering data and has found that there is no evidence of faulting or any other hydrologic connection between the proposed disposal zone and any underground sources of drinking water.

Should you have any questions, please email me at tcude@mewbourne.com or call me at (432) 682-3715.

Sincerely yours,

MEWBOURNE OIL COMPANY



Travis Cude
Reservoir Engineer

Offset Ownership
Top Gun Federal SWD #1
Section 18, T23S, R27E
Eddy County, New Mexico

Surface Owner

State of New Mexico ✓

Working Interest Owners

E/2 of Section 18:

Mewbourne Oil Company - Operator ✓

NW/4 of Section 18:

Texas Independent Exploration, Inc. – Working Interest Owner ✓
6760 Portwest Drive, Houston, Texas 77024

SW/4 of Section 17:

Mobil Producing Texas & New Mexico, Inc. – Working Interest Owner

NW/4 of Section 17:

COG Operating, LLC - Operator ✓

SW/4 of Section 8:

Texas Independent Exploration, Inc. – Operator ✓

S/2 of Section 7:

Linn Operating, Inc. – Operator ✓

Chi Operating Inc. – Operator ✓

(Both show to operate wells in the S/2)

XT0

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
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jamesbruce@aol.com

June 20, 2015

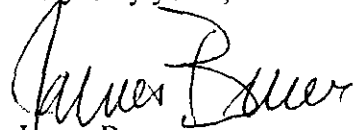
CERTIFIED MAIL – RETURN RECEIPT REQUESTED

To: Persons on Exhibit A

Ladies and gentlemen:

Mewbourne Oil Company has filed an application with the New Mexico Oil Conservation Division seeking approval of a salt water disposal well in the Top Gun Fed. SWD Well No. 1, located in the NE $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 18, Township 23 South, Range 27 East, N.M.P.M., Eddy County, New Mexico. A copy of the application is enclosed. If you object to the application, you must notify the Division in writing within 15 days (the Division's address is 1220 South St. Francis Drive, Santa Fe, New Mexico 87505). Failure to object will preclude you from contesting this matter at a later date.

Very truly yours,



James Bruce

Attorney for Mewbourne Oil Company

Exhibit A

Surface Owner

Commissioner of Public Lands
P.O. Box 1148
Santa Fe, NM 87504

Offset Operators

Texas Independent Exploration, Inc.
6760 Portwest Drive
Houston, TX 77024

XTO Energy Inc.
810 Houston Street
Fort Worth, Texas 76102

COG Operating, LLC
One Concho Center
600 West Illinois
Midland, Texas 79701

Linn Operating, Inc.
Suite 4900
600 Travis
Houston, Texas 77002

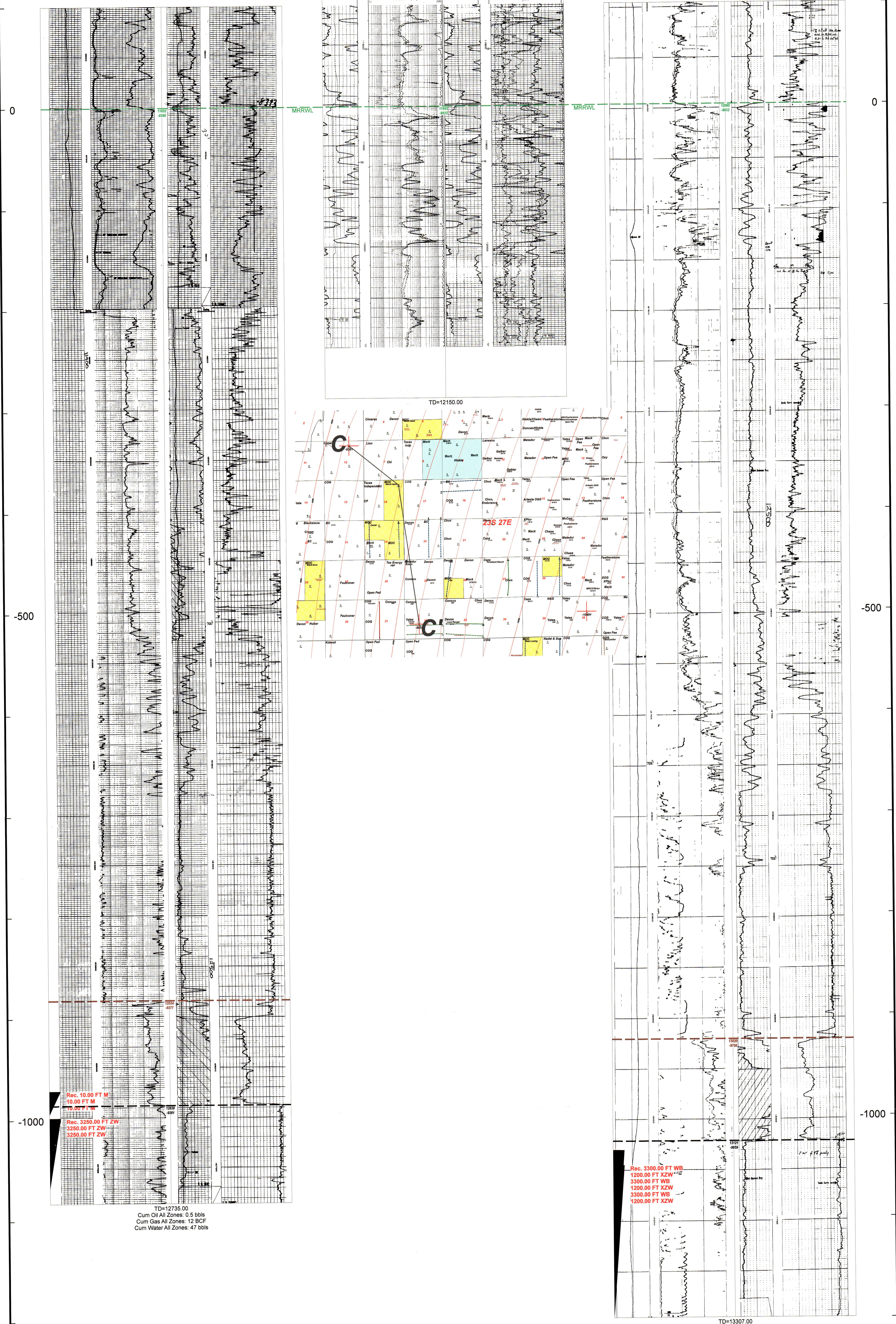
Chi Operating, Inc.
P.O. Box 1799
Midland, Texas 79702

NOTICE

Mewbourne Oil Company has filed an application with the New Mexico Oil Conservation Division seeking approval to re-enter and deepen the Top Gun Fed. SWD Well No. 1, located 660 feet from the north line and 660 feet from the east line (the NE/4NE/4) of Section 18, Township 23 South, Range 27 East, NMPM, Eddy County, New Mexico, and dispose of produced water into the Devonian formation at depths of 12900-14000 feet subsurface. The expected maximum injection rate is 20,000 BWPD, and the maximum injection pressure is 2580 psi. If you object to the application you must file a written objection or request for hearing with the Division within 15 days of the date this notice is published. The Division's address is 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. Failure to object will preclude you from contesting this matter at a later date. The name and address of the contact person for applicant is Corey Mitchell, Mewbourne Oil Company, Suite 1020, 500 West Texas, Midland, Texas 79701, (432) 682-3715. The well is located approximately 7 miles west-northwest of Loving, New Mexico border.

C'

32 K 23S/27E



XSec Jester DVNN C-C'

Dipoles

28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg Press Flwg. SI	Csg. Press	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio	Well Status	

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg Press Flwg. SI	Csg. Press	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas: Oil Ratio	Well Status	

29. Disposition of Gas (Sold used for fuel, vented, etc.)

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top Meas. Depth
Delaware	2100				
BoneSpring	5332				
Wolfcamp	8950				
Canyon	10214				
Strawn	10543				
Atoka	10918				
Morrow	11482				
Barnett	11996				
TD	12150				

32. Additional remarks (include plugging procedure):

33. Circle enclosed attachments:

- 1 Electrical/Mechanical Logs (1 full set req'd.) 2 Geologic Report 3 DST Report 4 Directional Survey
 5 Sundry Notice for plugging and cement verification 6 Core Analysis ⑦ Other: 3160-5 Plugging

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

Name (please print) NM Young Title Hobbs District Manger

Signature  Date 03/22/04

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.

JAMES BRUCE
ATTORNEY AT LAW

POST OFFICE BOX 1056
SANTA FE, NEW MEXICO 87504

369 MONTEZUMA, NO. 213
SANTA FE, NEW MEXICO 87501

(505) 982-2043 (Phone)
(505) 660-6612 (Cell)
(505) 982-2151 (Fax)

jamesbruc@aol.com

June 20, 2015

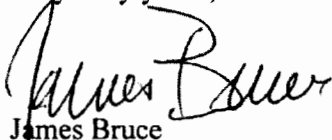
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To: Persons on Exhibit A

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Very truly yours,



James Bruce

Attorney for Mewbourne Oil Company

Exhibit A

Surface Owner

Commissioner of Public Lands
P.O. Box 1148
Santa Fe, NM 87504

Offset Operators

Texas Independent Exploration, Inc.
6760 Portwest Drive
Houston, TX 77024

XTO Energy Inc.
810 Houston Street
Fort Worth, Texas 76102

COG Operating, LLC
One Concho Center
600 West Illinois
Midland, Texas 79701

Linn Operating, Inc.
Suite 4900
600 Travis
Houston, Texas 77002

Chi Operating, Inc.
P.O. Box 1799
Midland, Texas 79702

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Texas Independent Exploration, Inc.
6760 Portwest Drive
Houston, TX 77024

2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X

B. Received by (Printed Name) *K. Morrison* C. Date of Delivery *6-23-15*

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 3020 0000 4603 9321

Domestic Return Receipt *M-16*

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

MIDLAND, TX 79701

Postage	\$3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.25

Postmark
JUN 20 2015

Sent To
COG Operating, LLC
One Concho Center
600 West Illinois
Midland, Texas 79701

PS Form 3800, August 2006

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

HOUSTON, TX 77024

Postage	\$3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.25

Postmark
JUN 20 2015

Sent To
Texas Independent Exploration, Inc.
6760 Portwest Drive
Houston, TX 77024

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

COG Operating, LLC
One Concho Center
600 West Illinois
Midland, Texas 79701

2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee
X Sam Johnson

B. Received by (Printed Name) *Sam Johnson* C. Date of Delivery *6-23-15*

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

7013 3020 0000 4603 9345

Domestic Return Receipt *M-TG*

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Commissioner of Public Lands
P.O. Box 1148
Santa Fe, NM 87504

2. Article Number
(Transfer from service label)

7013 3020 0000 4603 9314

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent
☒ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

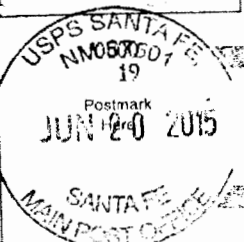
4. Restricted Delivery? (Extra Fee) ☐ Yes

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

FORT WORTH, TX 76102

Postage	\$ 3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$1.64



Sent To: XTO Energy Inc.
810 Houston Street
Fort Worth, Texas 76102
City, State, ZIP+4

PS Form 3800, August 2006

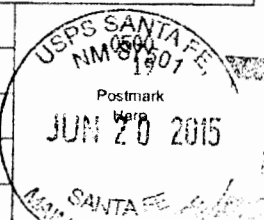
See Reverse for Instructions

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

SANTA FE, NM 87504

Postage	\$ 3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$1.64



Sent To: Commissioner of Public Lands
P.O. Box 1148
Santa Fe, NM 87504
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

XTO Energy Inc.
810 Houston Street
Fort Worth, Texas 76102

2. Article Number
(Transfer from service label)

7013 3020 0000 4603 9338

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent
☒ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Linn Operating, Inc.
Suite 4900
600 Travis
Houston, Texas 77002

2. Article Number
(Transfer from service label) 7013 3020 0000 4603 9352

PS Form 3811, July 2013 Domestic Return Receipt M-TG

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *JUN 23 2015*

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

MIDLAND, TX 79702

Postage	\$3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.25

Postmark: JUN 20 2015

Sent To: Chi Operating, Inc.
P.O. Box 1799
Midland, Texas 79702

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

HOUSTON, TX 77002

Postage	\$3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.25

Postmark: JUN 20 2015

Sent To: Linn Operating, Inc.
Suite 4900
600 Travis
Houston, Texas 77002

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chi Operating, Inc.
P.O. Box 1799
Midland, Texas 79702

2. Article Number
(Transfer from service label) 7013 3020 0000 4603 9369

PS Form 3811, July 2013 Domestic Return Receipt M-TG

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *6/24/15*

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

Affidavit of Publication

State of New Mexico,
County of Eddy, ss.

Rynni Henderson, being first duly
sworn, on oath says:

That she is the Publisher of the
Carlsbad Current-Argus, a
newspaper published daily at the
City of Carlsbad, in said county of
Eddy, state of New Mexico and of
general paid circulation in said
county; that the same is a duly
qualified newspaper under the laws
of the State wherein legal notices
and advertisements may be
published; that the printed notice
attached hereto was published in the
regular and entire edition of said
newspaper and not in supplement
thereof on the date as follows, to wit:

June 23 2015

That the cost of publication is **\$73.40**
and that payment thereof has been
made and will be assessed as court
costs.

Rynni Henderson

Subscribed and sworn to before me
this 24 day of June,
2015

Cynthia Arredondo

My commission Expires

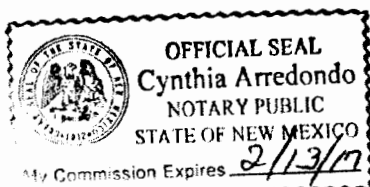
2/13/17

Notary Public

June 23, 2015

NOTICE

Mewbourne Oil Company has filed an application with the New Mexico Oil Conservation Division seeking approval to re-enter and deepen the Top Gun Fed. SWD Well No. 1, located 660 feet from the north line and 660 feet from the east line (the NE/4NE/4) of Section 18, Township 23 South, Range 27 East, NMPM, Eddy County, New Mexico, and dispose of produced water into the Devonian formation at depths of 12900-14000 feet subsurface. The expected maximum injection rate is 20,000 BWPD, and the maximum injection pressure is 2580 psi. If you object to the application you must file a written objection or request for hearing with the Division within 15 days of the date this notice is published. The Division's address is 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. Failure to object will preclude you from contesting this matter at a later date. The name and address of the contact person for applicant is Corey Mitchell, Mewbourne Oil Company, Suite 1020, 500 West Texas, Midland, Texas 79701, (432) 682-3715. The well is located approximately 7 miles west-northwest of Loving, New Mexico border.





C-108 Review Checklist: Received 6/23/15 Add. Request: _____ Reply Date: _____ Suspended: _____ [Ver 14]

PERMIT TYPE: WFX / PMX / SWD Number: 1561 Permit Date: 7/13/15 Legacy Permits/Orders: _____

Well No. _____ Well Name(s): TOP Gum Federal SWD #1 RANCH 1065 ST2 COM #2

API: 30-0 15-31075 Spud Date: 2000 New or Old: _____ (UIC Class II Primacy 03/07/1982)

Footages 660 FNL/FEL Lot _____ or Unit A Sec 18 Tsp 23S Rge 27E County EDDY

General Location: _____ Pool: _____ Pool No.: _____

BLM 100K Map: _____ Operator: MEUBOURNE OIL CO OGRID: 14744 Contact: TRAVIS CUBA JIM BRUCE

COMPLIANCE RULE 5.9: Total Wells: 883 Inactive: 0 Fincl Assur: OK Compl. Order? _____ IS 5.9 OK? ✓ Date: 6/29/15

WELL FILE REVIEWED 1 Current Status: Minor Test - PEAKED 6/15/15 RANCH 1065 originally

WELL DIAGRAMS: NEW: Proposed 0 or RE-ENTER: Before Conv. 0 After Conv. 0 Logs in Imaging: WILL BE FILED

Planned Rehab Work to Well: _____

Well Construction Details		Sizes (in)	Setting	Cement	Cement Top and
		Borehole / Pipe	Depths (ft)	Sx or Cf	Determination Method
Planned <u>✓</u> or Existing <u>✓</u> Surface		<u>17 1/2 - 13 3/8</u>	<u>508</u>	<u>450</u>	<u>CIRC</u>
Planned <u>0</u> or Existing <u>0</u> Intern/Prod		<u>12 1/4 - 9 3/8</u>	<u>2682</u>	<u>910 SX</u>	<u>CIRC</u>
Planned <u>0</u> or Existing <u>0</u> Intern/Prod		<u>8 3/4 - 7</u>	<u>12150</u>	<u>600 + 1500</u>	<u>CIRC</u>
Planned <u>✓</u> or Existing <u>✓</u> Prod/Liner			<u>121900</u>		
Planned <u>0</u> or Existing <u>0</u> Liner					
Planned <u>✓</u> or Existing <u>✓</u> OH / PERF			<u>12900 - 14000</u>	<u>1100</u>	

Injection Lithostratigraphic Units:		Depths (ft)	Injection or Confining	Tops
			Units	
Adjacent Unit: Litho. Struc. Por.				
Confining Unit: Litho. Struc. Por.				
Proposed Inj Interval TOP:	<u>12900</u>	<u>DEV</u>		
Proposed Inj Interval BOTTOM:	<u>14000</u>	<u>DEV.</u>		
Confining Unit: Litho. Struc. Por.				
Adjacent Unit: Litho. Struc. Por.				

Completion/Operation Details:	
Drilled TD <u>12150</u>	PBTD <u>PEA</u>
NEW TD <u>14000</u>	NEW PBTD _____
NEW Open Hole <u>0</u> or NEW Perfs <u>0</u>	
Tubing Size <u>3 1/2</u> in.	Inter Coated? <u>✓</u>
Proposed Packer Depth _____ ft	
Min. Packer Depth _____ (100-ft limit)	
Proposed Max. Surface Press. <u>2580</u> psi	
Admin. Inj. Press. <u>2580</u> (0.2 psi per ft)	

AOR: Hydrologic and Geologic Information

POTASH: BATTLE 0 Noticed? _____ BLM Sec Ord 0 WIPP 0 Noticed? _____ SALT/SALADO T: _____ B: _____ CLIFFHOUSE

FRESH WATER: Aquifer _____ Max Depth 350 HYDRO AFFIRM STATEMENT By Qualified Person 0

NMOSE Basin: CAPITAN BEEF thru 0 adj 0 NAO 0 No. Wells within 1-Mile Radius? 6 FW Analysis 0

Disposal Fluid: Formation Source(s) BS/WC Analysis? ✓ On Lease 0 Operator Only 0 or Commercial 0

Disposal Int: Inject Rate (Avg/Max BWPD): _____ Protectable Waters? NO Source: _____ System: Closed 0 or Open 0

HC Potential: Producing Interval? 0 Formerly Producing? NO Method: Logs/DST/P&A/Other OK 2-Mile Radius Pool Map 0

AOR Wells: 1/2-M Radius Map? ✓ Well List? ✓ Total No. Wells Penetrating Interval: 0 Horizontals? 0

Penetrating Wells: No. Active Wells 0 Num Repairs? 0 on which well(s)? _____ Diagrams? _____

Penetrating Wells: No. P&A Wells 0 Num Repairs? 0 on which well(s)? _____ Diagrams? _____

NOTICE: Newspaper Date _____ Mineral Owner _____ Surface Owner SLO. N. Date 6/20/15

RULE 26.7(A): Identified Tracts? _____ Affected Persons: See APP. N. Date 6/20/15

Permit Conditions: Issues: Log before CSF to see @ corner depths

Add Permit Cond: MEUBOURNE RANCH 1065 6/10/2000