Submit I Copy To Appropriate District	State of New M	lexico	Form C-103
	Energy, Minerals and Natural Resources		Revised July 18, 2013
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			WELL API NO. 30-025-41985
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			V-8253 & V-8275
	ES AND REPORTS ON WELI	ĴŚ	7. Lease Name or Unit Agreement Name
(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.)	HON FOR PERMIT (FORM C-101)		Mad Dog 35 B3DM State Com
· · · · · · · · · · · · · · · · · · ·	as Well 🔲 Other	HOBBS OCD	8. Well Number 1H
2. Name of Operator			9. OGRID Number
Mewbourne Oil Company		NOV 2 4 2014	14744
3. Address of Operator		NOV	10. Pool name or Wildcat
PO Box 5270, Hobbs NM 88240		- arnitett	Antelope Ridge; Bone Spring 2200
4. Well Location		RECEIVED	
Unit Letter _D:185_	feet from theNorth	line and450	feet from theWestline
Section 35	Township 23S	Range 34E	NMPM Lea County
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 Elevation (Show whether D 3450' GL 	R, RKB, RT, GR, etc.	
12. Check Ap	propriate Box to Indicate	Nature of Notice,	Report or Other Data
NOTICE OF INTI		SUB	SEQUENT REPORT OF:
	PLUG AND ABANDON	REMEDIAL WOR	
	CHANGE PLANS	COMMENCE DR	
—		CASING/CEMEN	
		CASING/CEMEN	
CLOSED-LOOP SYSTEM			
OTHER:		OTHER: Corr	pletion Sundry
). SEE RULE 19.15.7.14 NMA	l pertinent details, an	id give pertinent dates, including estimated date mpletions: Attach wellbore diagram of
			" EHD, 60 deg phasing. Frac in 10 stages 902# 40/70 sand & 348,756# 40/70 Oil Plus
11/05/14 Put well on production.			
We are asking for an exemption fron	n tubing at this time.		
		_	
Spud Date: 08/24/14	Rig Relea	ase Date: 09/24/14	
I hereby certify that the information about	ove is true and complete to the	best of my knowledge	ee and belief.
Thereby certify that the information do		eest of my knowledg	
SIGNATURE CONTROL	athan JITLE Regi	ulatory	DATE11/18/14
Type or print name_Jackie Lathan For State Use Only	E-mail addre	ess: jlathan@mewbo	urne.com PHONE: _575-393-5905
34	P THE P	etroleum Enginee	DATE 12/15/14
APPROVED BY: Conditions of Approval (if any):	TITLE	0.44	DATE FC/19/1F
Conditions of Approval (ILarity).	~		•
			mrc 1 7 901
			DEC 1 7 201

۵