

HOBBS OCD

AUG 22 2016

RECEIVED

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
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: July 31, 20105. Lease Serial No.  
NMNM04371A

6. If Indian, Allottee or Tribe Name

7. If Unit or C/A/Agreement, Name and/or No.  
NMNM91005X8. Well Name and No.  
QPQAS UNIT 149. API Well No.  
30-025-28050-00-S110. Field and Pool, or Exploratory  
QUERCHO PLAINS11. County or Parish, and State  
LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other: INJECTION

2. Name of Operator

MEWBOURNE OIL COMPANY

Contact: JACKIE LATHAN

E-Mail: jlathan@mewbourne.com

3a. Address

HOBBS, NM 88241

3b. Phone No. (include area code)

Ph: 575-393-5905

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 22 T18S R32E SWSE 660FSL 1650FEL

## 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## TYPE OF SUBMISSION

## TYPE OF ACTION

☐ Notice of Intent☒ Subsequent Report☐ Final Abandonment Notice☐ Acidize☐ Alter Casing☐ Casing Repair☐ Change Plans☐ Convert to Injection☐ Deepen☐ Fracture Treat☐ New Construction☐ Plug and Abandon☐ Plug Back☐ Production (Start/Resume)☐ Reclamation☐ Recomplete☐ Temporarily Abandon☐ Water Disposal☐ Water Shut-Off☒ Well Integrity☐ Other

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 shall 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 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.)

06/22/2016 Pressured csg to 600# &amp; performed MIT, held OK. George Bowen w/NMOCD witnessed test.

Test report &amp; chart attached from NMOCD attached.

Bond on file: NM1693, Nationwide &amp; NMB000919

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #344226 verified by the BLM Well Information System

For MEWBOURNE OIL COMPANY, sent to the Hobbs

Committed to AFMSS for processing by PRISCILLA PEREZ on 07/11/2016 (16PP0879SE)

Name (Printed/Typed) ROBIN TERRELL

Title PRODUCTION SUPT

Signature (Electronic Submission)

Date 07/08/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

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.

ACCEPTED FOR RECORD

AUG 16 2016

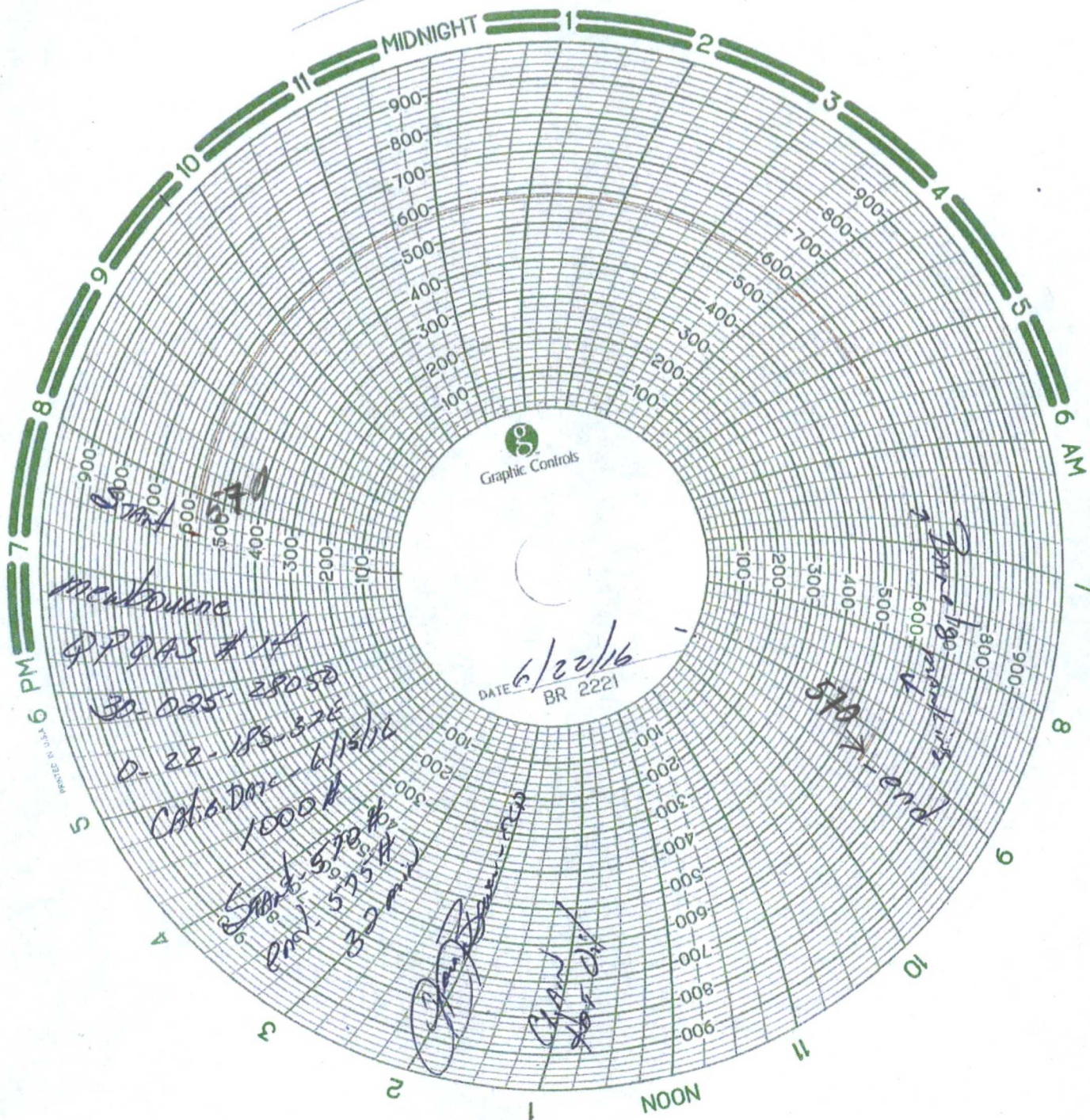
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\*

Accepted for Record Only

MJB/OCD 8/22/2016







State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <i>menbourne</i>	* API Number <i>30-025-28050</i>
Property Name <i>QTPQAS</i>	Well No. <i>14</i>

2. Surface Location

UL - Lot <i>0</i>	Section <i>22</i>	Township <i>18S</i>	Range <i>32E</i>	Feet from <i>660</i>	N/S Line <i>S</i>	Feet From <i>1650</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	<input checked="" type="radio"/> NO	SHUT-IN YES	<input checked="" type="radio"/> NO	INJECTOR <i>INJ</i>	SWD	OIL	PRODUCER GAS	DATE <i>6/22/16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>0</i>	<i>NA</i>	<i>NA</i>	<i>0</i>	<i>1600</i>
Flow Characteristics					
Puff	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	CO2 —
Steady Flow	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	WTR <input checked="" type="checkbox"/>
Surges	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	GAS —
Down to nothing	<input checked="" type="radio"/> Y / N	Y / N	Y / N	<input checked="" type="radio"/> Y / N	Type of Fluid
Gas or Oil	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	Injected for
Water	Y / <input checked="" type="radio"/> N	Y / N	Y / N	Y / <input checked="" type="radio"/> N	Waterflood if
					applies.

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature:	OIL CONSERVATION DIVISION
Printed name:	Entered into RBDMS
Title:	Re-test
E-mail Address:	
Date: <i>6/22/16</i>	Phone:
Witness: <i>[Signature]</i>	