Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Nati	ural Resources		Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			WELL API NO.	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-025-29516 5. Indicate Type of Le	2000
District III – (505) 334-6178	1220 South St. Francis Dr.		STATE	FEE 🗍
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 8	7505	6. State Oil & Gas Le	
1220 S. St. Francis Dr., Santa Fe, NM				
SLINDRY NOT	ICES AND REPORTS ON WELLS	3	7. Lease Name or Uni	t Agreement Name
				ne Springs Sand Unit
DIFFERENT RESERVOIR. USE "APPLI	SALS TO DRILL OR TO DEEPEN OR PL CATION FOR PERMIT" (FORM C-101) F	OR SUCH OBBS OC	28. Well Number	
1. Type of Well: Oil Well	Gas Well Other Injection W		QPBSSU #11	/
2. Name of Operator			9. OGRID Number	
Mewbourne Oil Company		OZI 7 W 70.	17/77	
3. Address of Operator PO Box 5270, Hobbs, NM 8824	0	PRAMA (ME)	10. Pool name or Wild	
	<u> </u>	RECEIVED	Querecno Pianis O	pper Bone Springs
4. Well Location	. 6 . 1 . 1 . 1 . 52			İ
	et from the North line and 530	·	it line	
Section 27 Township 1		<u> </u>		
	11. Elevation (Show whether DR	, KKB, KI, GK, elc.)		
12 Check	Appropriate Box to Indicate N	Jature of Notice J	Report or Other Dat	a
12. CHECK	appropriate Box to indicate is		report of Other Dat	a
	ITENTION TO:		SEQUENT REPO	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ERING CASING 🔲
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL		ND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL	CASING/CEMENT	JOB 🗆	
CLOSED-LOOP SYSTEM				
OTHER:		OTHER: INTEGR	RITY TEST	\boxtimes
	oleted operations. (Clearly state all			
	ork). SEE RULE 19.15.7.14 NMA	C. For Multiple Con	pletions: Attach wellb	ore diagram of
proposed completion or rec	completion.			
An integrity test was performed on t	the QPBSSU #11, OK. This test wa	s performed on Augu	ıst 27, 2015. Gilbert Ce	eredo with NMOCD
witnessed. See attached chart.				
I hereby certify that the information	above is true and complete to the b	est of my knowledge	and belief.	
	•			
SIGNATURE	TITLE I	Production Engineer	DATE	E <u>9-8-15</u>
010111101111_2				
Type or print name <u>Cade Carter</u>	E-mail address:	ccarter@mewbourne	e.com PHONE: (575)	<u>) 393-5905</u>
For State Use Only				
APPROVED BY: Bill of	man TITLE	Staff M.	wage DATE	9/25/10
Conditions of Approval (if any):				
			SEP 28 20	15
				·• (\\

