

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTNMOCD
HobbsFORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**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.***SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM81599
2. Name of Operator MEWBOURNE OIL COMPANY ✓		6. If Indian, Allottee or Tribe Name
Contact: JACKIE LATHAN E-Mail: jlathan@mewbourne.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address HOBBS, NM 88241	3b. Phone No. (include area code) Ph: 575-393-5905	8. Well Name and No. CRAZY WOLF 1 2 B2CD FED COM 1H ✓
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 1 T19S R32E NWNE 1301FNL 2570FEL ✓		9. API Well No. 30-025-42793-00-X1 ✓
		10. Field and Pool, or Exploratory LUSK
		11. County or Parish, and State LEA COUNTY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Well Spud
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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 recompleate 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 recompleation 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.)

10/23/2015 Spud 17 1/2" hole. TD hole @ 1533'. Ran 1533' of 13 3/8" 54.5 J55 ST&C csg. Cemented with 1100 sks Class C w/additives. Mixed @ 13.5#/g w/1.73 yd. Tail w/200 sks Class C w/1% CaCl2. Mixed @ 14.8#/g w/1.33 yd. Plug down @ 11:00 A.M 10/25/15. Circ 119 sks of cmt to the pit. WOC. Tested BOPE to 3000# & Annular to 2500#. At 6:30 P.M. 10/26/2015, tested csg to 1500# for 30 min, held ok. Drilled out with 12 1/4" bit.

Charts and schematic attached.

Bond on file: NM1693 nationwide & NMB000919

14. I hereby certify that the foregoing is true and correct. Electronic Submission #322782 verified by the BLM Well Information System For MEWBOURNE OIL COMPANY, sent to the Hobbs Committed to AFMSS for processing by JENNIFER SANCHEZ on 11/13/2015 (16JAS0106SE)	
Name (Printed/Typed) JACKIE LATHAN	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 11/06/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

APPROVED FOR RECORD /S/ DAVID B. GLASS NOV 13 2015		Title	Date
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 add new well _____ of the United States any false, fictitious or fraudulent statements or representations as to any matter within

**** BLM REVISED ** BLM REVISED ** BLM REVISED**

recomp _____
Cancel Well _____ Create Pool _____
E-PERMITTING - - New Well _____
Comp _____ P&A _____ TA _____
CSNG Dr Loc Chng _____
ReComp _____ Add New Well _____

DEC 08 2015

MAN WELDING SERVICES, INC

Company M. J. Smith Date 10-26-15

Lease 1001 LMF 4 Bore 1 1/2" ID County Lea NM

Drilling Contractor Procon 251 Plug & Drill Pipe Size 12" O.D. 25.11, 25.19

Accumulator Pressure: 2000 Manifold Pressure: 1500 Annular Pressure: 1100

Accumulator Function Test - OO&GO#2

To Check - USABLE FLUID IN THE NITROGEN BOTTLES (III.A.2.c.i. or ii or iii)

- Make sure all rams and annular are open and if applicable HCR is closed.
- Ensure accumulator is pumped up to working pressure! (**Shut off all pumps**)
 1. Open HCR Valve. (If applicable)
 2. Close annular.
 3. Close **all** pipe rams.
 4. Open one set of the pipe rams to simulate closing the blind ram.
 5. For 3 ram stacks, open the annular to achieve the 50+ % safety factor. (5M and greater systems).
 6. **Record remaining pressure 1900 psi. Test Fails if pressure is lower than required.**
 - a. {950 psi for a 1500 psi system} b. {1200 psi for a 2000 & 3000 psi system }
 7. If annular is closed, open it at this time and close HCR.

To Check - PRECHARGE ON BOTTLES OR SPHERICAL (III.A.2.d.)

- Start with manifold pressure at, or above, maximum acceptable pre-charge pressure:
 - a. {800 psi for a 1500 psi system} b. {1100 psi for 2000 and 3000 psi system}
- 1. Open bleed line to the tank, slowly. (**gauge needle will drop at the lowest bottle pressure**)
 2. Close bleed line. Barely bump electric pump and see what pressure the needle jumps up to.
 3. **Record pressure drop 100 psi. Test fails if pressure drops below minimum.**
- **Minimum:** a. {700 psi for a 1500 psi system} b. {900 psi for a 2000 & 3000 psi system}

To Check - THE CAPACITY OF THE ACCUMULATOR PUMPS (III.A.2.f.)

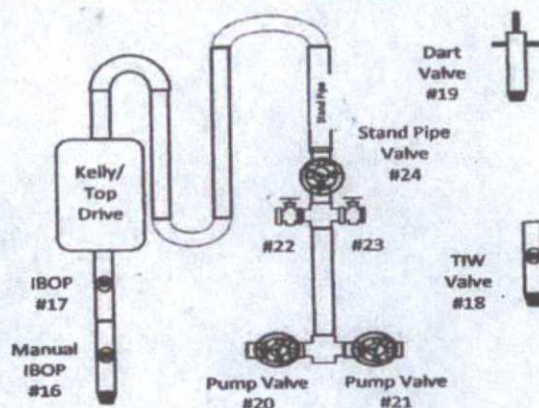
- Isolate the accumulator bottles or spherical from the pumps & manifold.
- Open the bleed off valve to the tank, {manifold psi should go to 0 psi} close bleed valve.
 1. Open the HCR valve, {if applicable}
 2. Close annular
 3. With **pumps** only, time how long it takes to regain the required manifold pressure.
 4. **Record elapsed time 1:20. Test fails if it takes over 2 minutes.**
 - a. {950 psi for a 1500 psi system} b. {1200 psi for a 2000 & 3000 psi system}



Pg. _____ of _____

Required BOP: _____ Installed BOP: _____

* Check Valve Must Be Open/Disabled To Test Kill Line Valves *



TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1	15, 9, 3, 4, 5 5m	10-10	250	2000	T ₁ + Pass
2	13, 1, 7, 10, 6	10-10	250	2000	T ₁ + Pass
3	1, 2, 25, 1, 4	10-10	250	2000	T ₁ + Pass
4	1, 2, 25, 1, 4	10-10	250	2000	T ₁ + Pass
5	1, 2, 25, 1, 4	10-10	250	2000	T ₁ + Pass
6	13, 10, 8	10-10	250	2000	T ₁ + Pass
7	13, 10, 8	10-10	250	2000	T ₁ + Pass
8	13, 10, 8	10-10	250	2000	T ₁ + Pass
9	13, 10, 8	10-10	250	2000	T ₁ + Pass
10	13, 10, 8	10-10	250	2000	T ₁ + Pass

