

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

HOBBS OCD
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
SEP 21 2017

RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS (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.)		WELL API NO. 30-025-42598
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Mewbourne Oil Company		6. State Oil & Gas Lease No.
3. Address of Operator PO Box 5270, Hobbs NM 88240		7. Lease Name or Unit Agreement Name Cabra Nino 11 B3MD St Com
4. Well Location Unit Letter <u>M</u> : <u>320</u> feet from the <u>South</u> line and <u>730</u> feet from the <u>West</u> line Section <u>11</u> Township <u>22S</u> Range <u>34E</u> NMPM Lea County		8. Well Number <u>1H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3409' GL		9. OGRID Number 14744
		10. Pool name or Wildcat Ojo Chiso Bone Spring (96553)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Completion Sundry <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

09/06/17 Frac Bone Spring from 11466' MD to 15939 MD, 528 holes, 0.39" EHD, 180 deg phasing. Frac in 23 stages w/8,868,114 gals of SW, carrying 6,267,364# 100 Mesh sand & 2,931,360# 30/50 sand. Flowback well for cleanup.

09/11/17 Put well on production.

We are asking for an exemption from tubing at this time.

Spud Date: 07/09/2017

Rig Release Date: 08/02/2017

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Jackie Lathan TITLE Regulatory DATE 09/18/17

Type or print name Jackie Lathan E-mail address: jlathan@mewbourne.com PHONE: 575-393-5905

For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 10/05/17
Conditions of Approval (if any):