

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1525 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

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505  
SEP 25 2018

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. 30-025-44321
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 Ram 3 B2PA St Com
4. Well Location Unit Letter <u>P</u> : <u>205</u> feet from the <u>South</u> line and <u>560</u> feet from the <u>East</u> line Section <u>3</u> Township <u>22S</u> Range <u>34E</u> NMPM Lea County		8. Well Number <u>2H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3592' GL		9. OGRID Number 14744
		10. Pool name or Wildcat Ojo Chiso Bone Spring

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.

08/06/18 Frac Bone Spring from 10644' MD to 15051 MD, 756 holes, 0.39" EHD, 120 deg phasing. Frac in 22 stages w/8,960,423 gals of SW, carrying 6,012,400# Local 100 Mesh sand & 2,843,600# Local 40/70 sand. Flowback well for cleanup.

08/21/18 Put well on production.

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

Spud Date: 03/02/18

Rig Release Date: 03/24/18

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 09/20/18  
Type or print name Jackie Lathan E-mail address: jlathan@mewbourne.com PHONE: 575-393-5905  
**For State Use Only**

APPROVED BY Karen Sharp TITLE Staff Mgr DATE 9-26-18  
Conditions of Approval (if any):