. Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 - <u>District II</u> – (575) 748-1283	OW GOVERNMENT TO VERY MALON	30-025-44968
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5 Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St Haris OC	STATE S FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	FEB <b>0</b> <sup>8</sup> 2019	
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN ORREGE BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		
PROPOSALS.)		Antelope 9 B2PA State Com  8. Well Number 2H
1. Type of Well: Oil Well Gas Well Other		
2. Name of Operator		9. OGRID Number 14744
Mewbourne Oil Company  3. Address of Operator		10. Pool name or Wildcat
PO Box 5270, Hobbs NM 88241		Antelope Ridge; Bone Spring, NW
4. Well Location		
Unit Letter _D : _ 235 feet from the North line and 145 feet from the West line		
Section 15	Township 23S Range 34E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3403' GL		
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   PLUG AND ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PAND A   DOWNHOLE COMMINGLE   CLOSED-LOOP SYSTEM   OTHER: Completion Sundry   OTHER: Completion or recompletion.  OTHER: Completions: Attach wellbore diagram of proposed completion or recompletion.  O1/05/19 Frac Horizontal Bone Spring w/ 10642' MD to 15660 MD, 864 holes, .39" EHD, 120 deg phasing. Frac in 25 stages w/9,979,578 gals slickwater carrying 6,699,240# 100 Mesh sand & 3,092,070# 40/70 sand. Flowback well for cleanup.  O1/16/19 Put well on production.  Rig Release Date: 11/24/2018		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE TITLE Regulatory DATE 2/07/19		
Type or print name _Ruby Caballero_ E-mail address: _rcaballero@mewbourne.com PHONE: _575-393-5905  For State Use Only		
APPROVED BY: Wen Sharp TITLE Staff Mgr DATE 2-13-19 Conditions of Approval (if any):		