

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018**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.*Lease Serial No.  
NM132073**SUBMIT IN TRIPLICATE - Other Instructions on page 2**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		6. If Indian, Allottee or Tribe Name
2. Name of Operator MEWBOURNE OIL COMPANY Contact: JACKIE LATHAN E-Mail: jlathan@mewbourne.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address P O BOX 5270 HOBBS, NM 88241	3b. Phone No. (include area code) Ph: 575-393-5905	8. Well Name and No. GAZELLE 22 B3NC FED COM 1H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 22 T23S R34E SESW 200FSL 1700FWL		9. API Well No. 30-025-43398-00-X1
		10. Field and Pool or Exploratory Area ANTELOPE RIDGE-BONE SPRING, W
		11. County or Parish, State LEA COUNTY, NM

**12. CHECK THE 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"/> Hydraulic Fracturing	<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 recompleat 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

08/23/19

Spud 17 1/2" hole. TD hole @ 1098'. Ran 1083' of 13 3/8" 54.5# J55 ST&C Csg. Cemented with 700 sks Class C w/additives. Mixed @ 13.5#/g w/1.76 yd. Tail w/200 sks Class C w/additives. Mixed @ 14.8#/g w/1.33 yd. Displace w/164 BBW. Plug down @ 3:30 P.M. 08/25/19. At 1:45 P.M. 08/26/19, tested csg to 1500# for 30 mins, held OK. Tested BOPE to 5000#. Circ 286 sks of cmt to the pit. FIT test to 10.5 PPG EMW. Drilled out with 12 1/4" bit.

Charts &amp; Schematic attached.

Bond on file: NM1693 nationwide &amp; NMB000919

14. I hereby certify that the foregoing is true and correct. Electronic Submission #483711 verified by the BLM Well Information System For MEWBOURNE OIL COMPANY, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 09/18/2019 (19PP3191SE)	
Name (Printed/Typed) JACKIE LATHAN	Title REGULATORY
Signature (Electronic Submission)	Date 09/17/2019

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By _____	Title <b>Accepted for Record</b> SEP 19 2019
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 Jonathon Shepard Carlsbad Field 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 make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***



# B.O.P. Ram-Block & Iron Rentals, Inc.

## Permit Required Confined Space Form

B.O.P. Ram-Block & Iron Rentals, Inc.

Lease Location - Rig: 12-11-11-10  
Potential Hazards: Engulfment  
Date: 12-11-11 Time: 10:00 Permit Expires - Date: 12-11-11 Time: 10:00  
Entry Supervisor (Signature): [Signature] Date: 12-11-11 Time: 10:00  
Safety (Signature): [Signature] Date: 12-11-11 Time: 10:00  
Operator/Company Man (Signature): [Signature] Date: 12-11-11 Time: 10:00  
Name(s) of Attendants: [Blank]  
Names of Entrants: [Blank]

Detailed procedures and instructions provided? Yes No Other  
PPE required: Hard hat, FRCs, Safety glasses, Steel toed boots, Gloves, Personal monitors, Hearing protection

### Atmospheric Testing Results:

	<u>Results</u>	<u>Initials</u>	<u>Time Tested</u>
% Oxygen (19.5% - 23.5%):	<u>20.5</u>	<u>JC</u>	<u>10:15</u>
% LEL (0%):	<u>0</u>	<u>JC</u>	<u>10:15</u>
Hydrogen Sulfide (0% ppm):	<u>0</u>	<u>JC</u>	<u>10:15</u>
Toxic/Other (CO = 0% ppm):	<u>0</u>	<u>JC</u>	<u>10:15</u>

Air monitoring performed (periodically/continuous): Yes No  
Has permit space been reclassified: Yes No  
Rescue procedures (including Emergency numbers to call and equipment to use)  
(Posted in Operator's trailer): [Blank]

### 4 Gas Detector:

<u>Name</u>	<u>Model</u>	<u>Serial No.</u>	<u>Last calibration date</u>
<u>BW Max XT II</u>	<u>14-11-11-10</u>	<u>1115</u>	<u>12-11-11</u>

This permit must be terminated if conditions change or an upset condition occurs. Work must stop and a new permit issued only when additional safeguards are in place.



Invoice #: 7126

## Field Fact Sheet

Company: Mechanics Rig: Hydrus 560

Date: 8-25-19 Lease: Gazelle 23 B3WC Red comp #1 H

Company Man: [Signature] Crew Leader: Jose Chavira

Job: ☒ Nipple-Up ☐ Nipple-Down ☐ B-Section ☐ Winches ☒ Test ☐ Gin Truck

Total Hours on Ticket? \_\_\_\_\_ Total Dollar Amount of Ticket? \_\_\_\_\_

Time to Arrive: 10:00 Time Actual Work Began: 10:30 PM

Time	Description of Activities
10:15 PM	had safety meeting and got ready to start N/V
10:30 PM	started testing manifold
12:00 AM	done testing manifold
12:40	big hand: hand to tight flow line
1:20 AM	start testing P.O.P
4:00	
7:50 AM	finish test, Close Valves and P.O.P
8:20 AM	Do A Accumulator Draw Down test
	done and pick up tools.

Did you encounter "wait" time? ☐ Yes ☒ No

If so, what was the reason why?

Any incident/accident occur during work? ☐ Yes ☒ No  
 Company Man or Tool Pusher Notified? ☐ Yes ☒ No  
 B.O.P. Ram Management Notified? ☐ Yes ☒ No  
 Medical Treatment Needed or Administered? ☐ Yes ☒ No







