

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Carlsbad Field Office

FORM 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.5. Lease Serial No.
NMNM128929

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.
PADUCA 7/6 W1FC FED COM 3H9. API Well No.
30-025-45600-00-X110. Field and Pool or Exploratory Area
WOLFCAMP11. County or Parish, State
LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other Instructions on page 2

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other2. Name of Operator
MEWBOURNE OIL COMPANYContact: JACKIE LATHAN
E-Mail: jlathan@mewbourne.com3a. Address
P O BOX 5270
HOBBS, NM 882413b. Phone No. (include area code)
Ph: 575-393-5905

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 7 T26S R32E SENW 2500FNL 1825FWL
32.058010 N Lat, 103.717178 W Lon

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.

08/22/19

Spud 17 1/2" hole. TD hole @ 1150'. Ran 1135' of 13 3/8" 54.5# J55 ST&C Csg. Cemented with 750 sks Class C w/additives. Mixed @ 13.5#/g w/1.76 yd. Tail w/200 sks Class C w/0.5% CaCl₂. Mixed @ 14.8#/g w/1.33 yd. Displace w/171 BFW. Plug down @ 10:30 P.M. 08/23/19. At 10:00 A.M. 08/25/19, tested csg to 1500# for 30 mins, held OK. Tested BOPE to 10000# & annular to 5000#. Circ 301 sks of cmt to the pit. Drilled out with 12 1/4" bit.

Charts & Schematic attached.

Bond on file: NM1693 nationwide & NMB000919

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #483661 verified by the BLM Well Information System
For MEWBOURNE OIL COMPANY, sent to the Hobbs
Committed to AFMSS for processing by PRISCILLA PEREZ on 09/17/2019 (19PP3186SE)

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

Accepted for Record

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 **

MAN WELDING SERVICES, INC

Company Mewbourne Date 8-25-19
Lease Perduca 716 well (C) in 3H County Lea New Mexico
Drilling Contractor Potlison 244 Plug & Drill Pipe Size _____
Accumulator Pressure: 3000 Manifold Pressure: 1400 Annular Pressure: 1150

Accumulator Function Test - OO&GO#2

To Check - **USABLE FLUID IN THE NITROGEN BOTTLES** (IIA.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 1000 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.

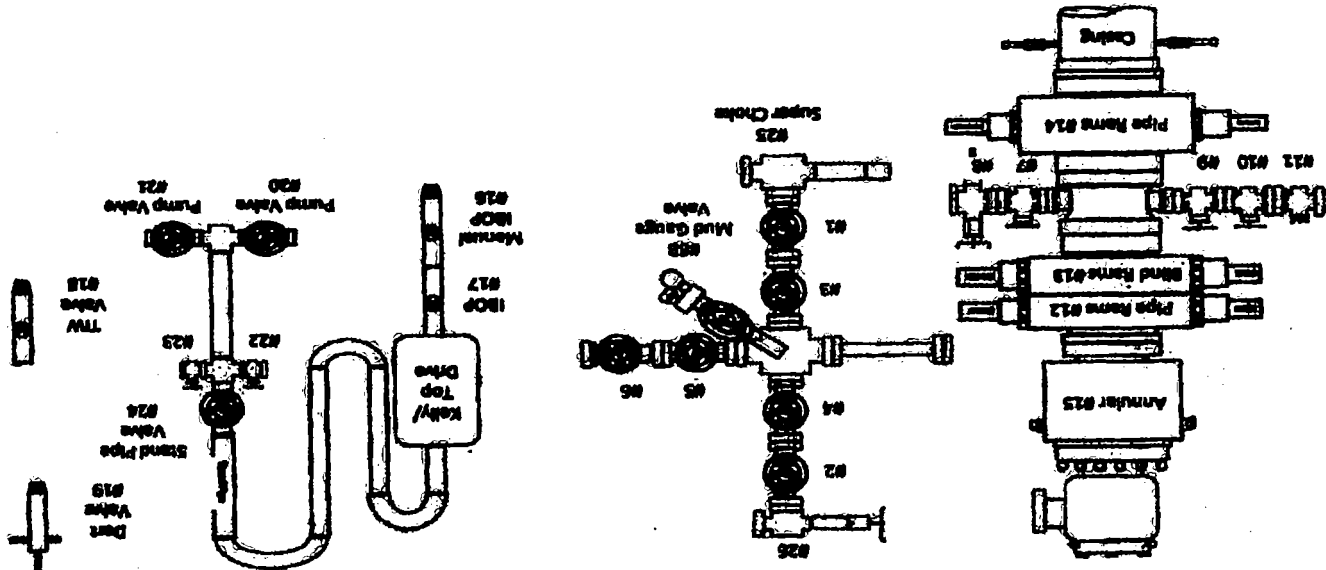
To Check - **PRECHARGE ON BOTTLES OR SPHERICAL** (IIA.2.d.)

- 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 1000 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** (IIA.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 1:51. 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)

TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1	10/10	250	10/10	10/10	10/10
2	10/10	250	10/10	10/10	10/10
3	10/10	250	10/10	10/10	10/10
4	10/10	250	10/10	10/10	10/10
5	10/10	250	10/10	10/10	10/10
6	10/10	250	10/10	10/10	10/10
7	10/10	250	10/10	10/10	10/10
8	10/10	250	10/10	10/10	10/10
9	10/10	250	10/10	10/10	10/10
10	10/10	250	10/10	10/10	10/10
11	10/10	250	10/10	10/10	10/10
12	10/10	250	10/10	10/10	10/10
13	10/10	250	10/10	10/10	10/10
14	10/10	250	10/10	10/10	10/10
15	10/10	250	10/10	10/10	10/10
16	10/10	250	10/10	10/10	10/10
17	10/10	250	10/10	10/10	10/10
18	10/10	250	10/10	10/10	10/10
19	10/10	250	10/10	10/10	10/10
20	10/10	250	10/10	10/10	10/10
21	10/10	250	10/10	10/10	10/10
22	10/10	250	10/10	10/10	10/10
23	10/10	250	10/10	10/10	10/10
24	10/10	250	10/10	10/10	10/10
25	10/10	250	10/10	10/10	10/10
26	10/10	250	10/10	10/10	10/10
27	10/10	250	10/10	10/10	10/10
28	10/10	250	10/10	10/10	10/10
29	10/10	250	10/10	10/10	10/10
30	10/10	250	10/10	10/10	10/10
31	10/10	250	10/10	10/10	10/10
32	10/10	250	10/10	10/10	10/10
33	10/10	250	10/10	10/10	10/10
34	10/10	250	10/10	10/10	10/10
35	10/10	250	10/10	10/10	10/10
36	10/10	250	10/10	10/10	10/10
37	10/10	250	10/10	10/10	10/10
38	10/10	250	10/10	10/10	10/10
39	10/10	250	10/10	10/10	10/10
40	10/10	250	10/10	10/10	10/10
41	10/10	250	10/10	10/10	10/10
42	10/10	250	10/10	10/10	10/10
43	10/10	250	10/10	10/10	10/10
44	10/10	250	10/10	10/10	10/10
45	10/10	250	10/10	10/10	10/10
46	10/10	250	10/10	10/10	10/10
47	10/10	250	10/10	10/10	10/10
48	10/10	250	10/10	10/10	10/10
49	10/10	250	10/10	10/10	10/10
50	10/10	250	10/10	10/10	10/10



Required BOP: _____
 Installed BOP: _____
 * Check Valve Must Be Operated To Test Kill Line Valve *
 * Appropriate Casing Valve Must Be Open During BOP Test *
 Date: 8-25-19
 Drilling Contractor: Patterson
 Location: Paduca 7/6 LIFT Fallon 34
 Piling Size & Type: _____
 Test: _____
 Inches: 6

WELDING • BOP TESTING
 NIPPLE UP SERVICE • BOP LIFTS • TANDEM
 MUD AND GAS SEPARATORS
 LEBANON, NM • 875-558-4540

