

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

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.
NMNM117116

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

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

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
OWL DRAW 23 DM FED COM 2H

2. Name of Operator
MEWBOURNE OIL COMPANY
Contact: JACKIE LATHAN
E-Mail: jlathan@mewbourne.com

9. API Well No.
30-015-41629-00-X1

3a. Address
HOBBS, NM 88241

3b. Phone No. (include area code)
Ph: 575-393-5905
Fx: 575-397-6252

10. Field and Pool, or Exploratory
HAY HOLLOW

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 14 T26S R27E SWSW 0370FSL 1055FWL
32.020872 N Lat, 104.095668 W Lon

11. County or Parish, and State
EDDY COUNTY, NM

12. CHECK 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"/> Fracture Treat	<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 Drilling Operations
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

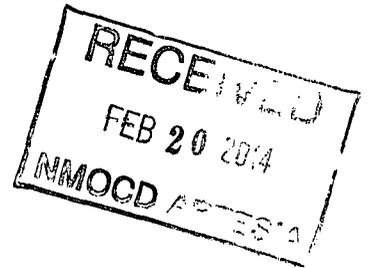
13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

12/05/13 TD 12 1/4" hole. Ran 2132' of 9 5/8" 36# J55 LT&C csg. Cemented with 450 sks Class C Lite (35:65:6) w/additives. Mixed @ 12.5 #/g w/2.20 yd. Tail w/200 sks Class C w/additives. Mixed @ 14.8#/g w/1.33 yd. Plug down @ 7:15 AM 12/06/13. Test BOPE to 3000# & Annular to 1500#. At 8:00 P.M. 12/07/13, tested csg to 1500# for 30 minutes, held OK. Circ 158 sks of cement to pit. Drilled out with 8 3/4" bit.

Chart & schematic attached.

Bonds on file: NM1693 nationwide & NMB000919

Accepted for record
WLD NMOCD 3/6/14



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

**Electronic Submission #231415 verified by the BLM Well Information System
For MEWBOURNE OIL COMPANY, sent to the Carlsbad
Committed to AFMSS for processing by JOHNNY DICKERSON on 01/31/2014 (13KMS7186S)**

Name (Printed/Typed) JACKIE LATHAN	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 01/08/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By ACCEPTED	JAMES A AMOS Title SUPERVISOR EPS	Date 02/15/2014
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 Carlsbad

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.



MAN WELDING SERVICES

WELDING • BOP TESTING
 NIPPLE UP SERVICE • BOP LIFTS • TANDEM
 MUD AND GAS SEPARATORS
 Lovington, NM • 575-398-4540

Pg. 1 of 2

Company: Mexbourne Date: 12-6-13 Invoice # 859612

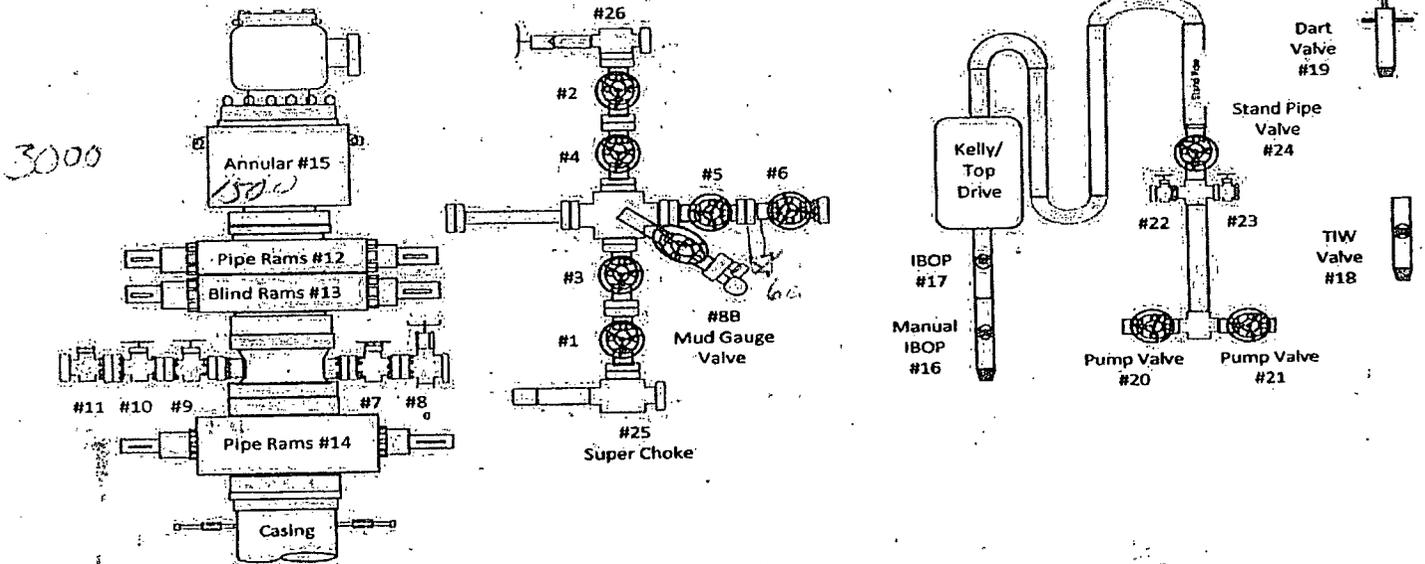
Lease: Oil. Draw. 23 DML Tech. Perm #12H Drilling Contractor: Fatherlyson Rig # 187

Plug Size & Type: 9.25 11 Drill Pipe Size: 4.5 XH Tester: Ross Davis

Required BOP: _____ Installed BOP: _____

Appropriate Casing Valve Must Be Open During BOP Test

Check Valve Must Be Open/Disabled To Test Kill Line Valves



TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1	Track Test	10-10	250	3000	Good test
2	13, 3, 4, 5, 8b	10-10	250	3000	Good test - Testing through kill side
3	15, 9, 7	10-10	250	1500	Good test check valve 15 out check valve in 6011
4	12, 9, 7	10-10	250	3000	Low test Good Highest check valve 15 out
4a	12, 9, 7	10		3000	Good test Retest check valve in
5	12, 10, 8	10-10	250	3000	Good test check valve out
6	12, 11, 1, 4, 6a, 6, 8a	10-10	250	3000	Good test
7	12, 11, 25, 2, 6, 6a, 8a	Bump test		3000	Good test chokes Built Pressure
8	18	10-10	250	3000	Good test
9	19	10-10	250	3000	Low test Good Highest Failed
9a	19	7 10		3000	Test failed 19 out of 10000
9b	19	10		3000	Test Failed
10	16	10-10	250	3000	Good test
11	17	10-10	250	3000	Good test
12	20, 21, 22	10-10	250	3000	Low test Good Highest Failed
12a	20, 21, 22	10		3000	Good test Retest
13	24	10-10	250	3000	Good test
14	19	10-10	250	3000	Low test Good Highest Failed
14a	19	10		3000	Failed
14b	19	10		3000	Failed

MAN WELDING SERVICES, INC

Company Mewbourne

Date 12-6-13

Lease Oil Drac 23 PM Field 11/21/County Eddy, NM

Drilling Contractor Patterson 187 Plug & Drill Pipe Size 0.77 11 45 IF

Accumulator Pressure: 3000 Manifold Pressure: 1500 Annular Pressure: 1000

Accumulator Function Test - OO&GO#2

To Check - **USABLE FLUID IN THE NITROGEN BOTTLES** (III.A.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 1800 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** (III.A.2.d.)

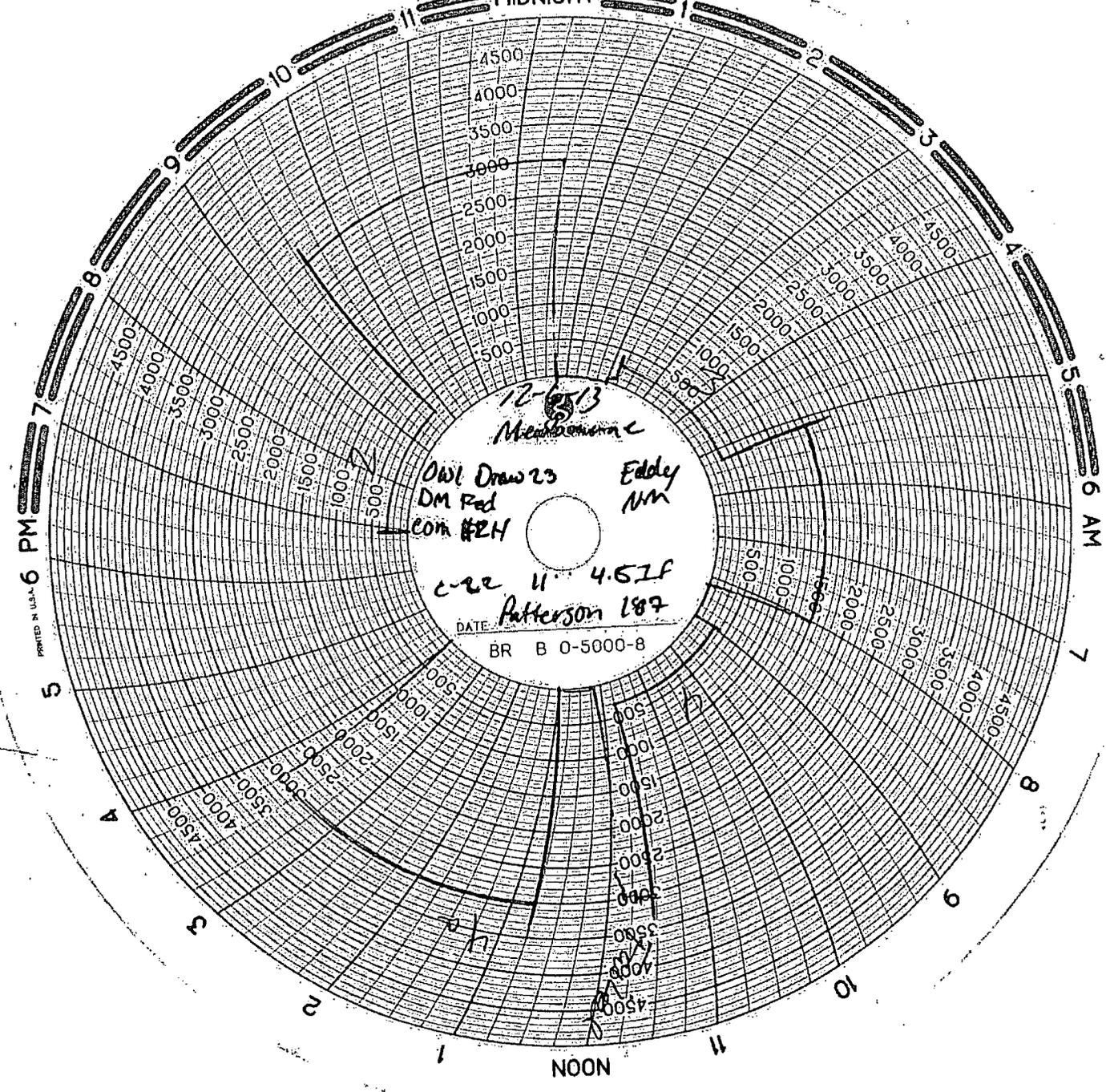
- Start with manifold pressure at, or above, maximum acceptable pre-charge pressure:
 - a. {800 psi for a 1500 psi system} b. {1100 psi for 2000 and 3000 psi system}
- 1. Open bleed line to the tank, slowly. (gauge needle will drop at the lowest bottle pressure)
- 2. Close bleed line. Barely bump electric pump and see what pressure the needle jumps up to.
- 3. Record pressure drop 700 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** (III.A.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 57 sec 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}

2016

MIDNIGHT



12-13
Memoranda

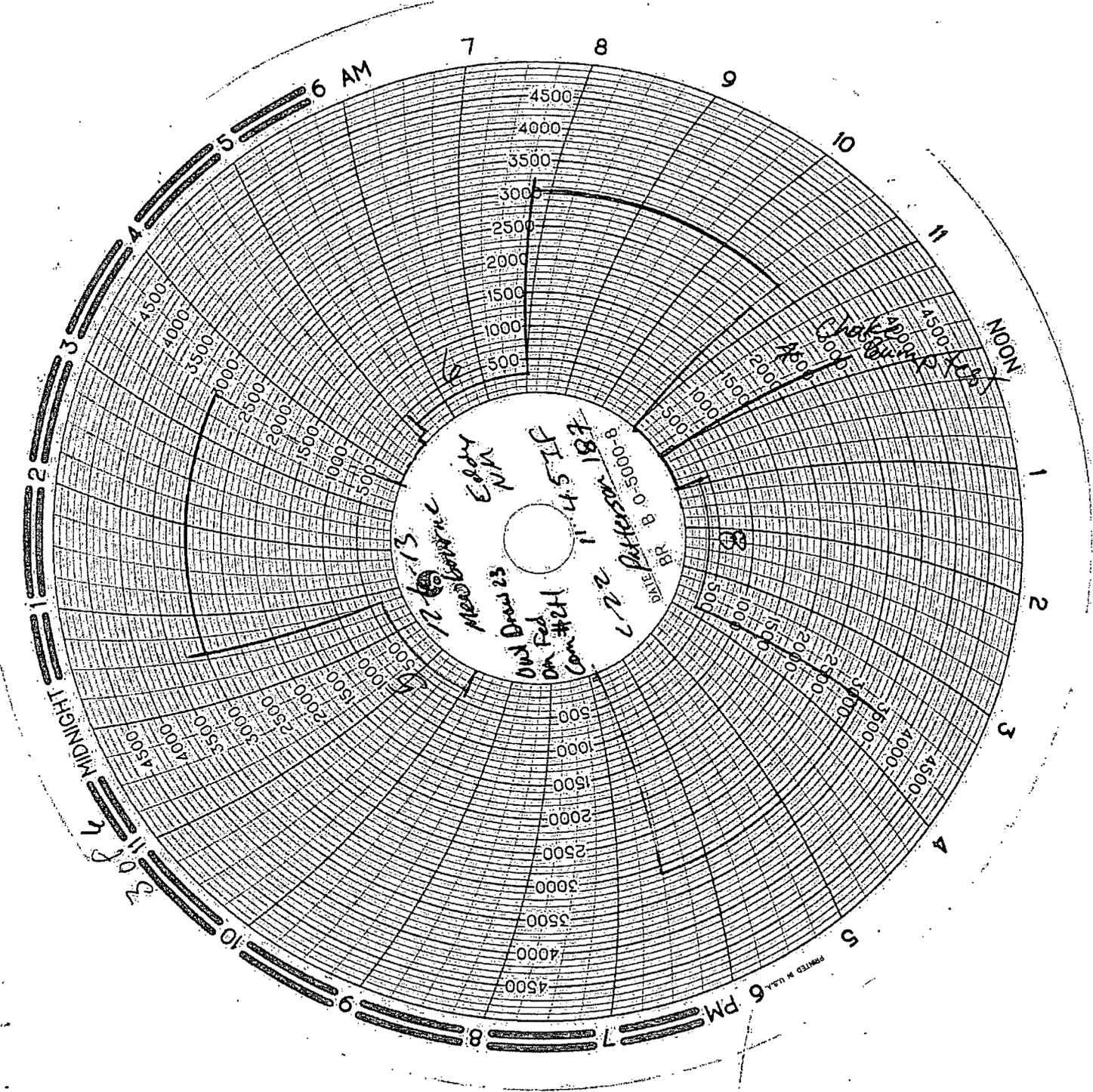
DWL Draw 23
DM Red
COM #24

Eddy
NM

Case U 451F
DATE Patterson 189

BR B 0-5000-8

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12-13
 Medication
 Egg
 N/A
 Dial Drain 25
 On Fed
 Com #24
 C-2-2
 11:45 IP
 187
 DATE
 B.R.
 B. 0-5000-8

PRINTED IN U.S.A.

4 of 6

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6 PM

MIDNIGHT

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1

NOON

11

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9

8

7

6 AM

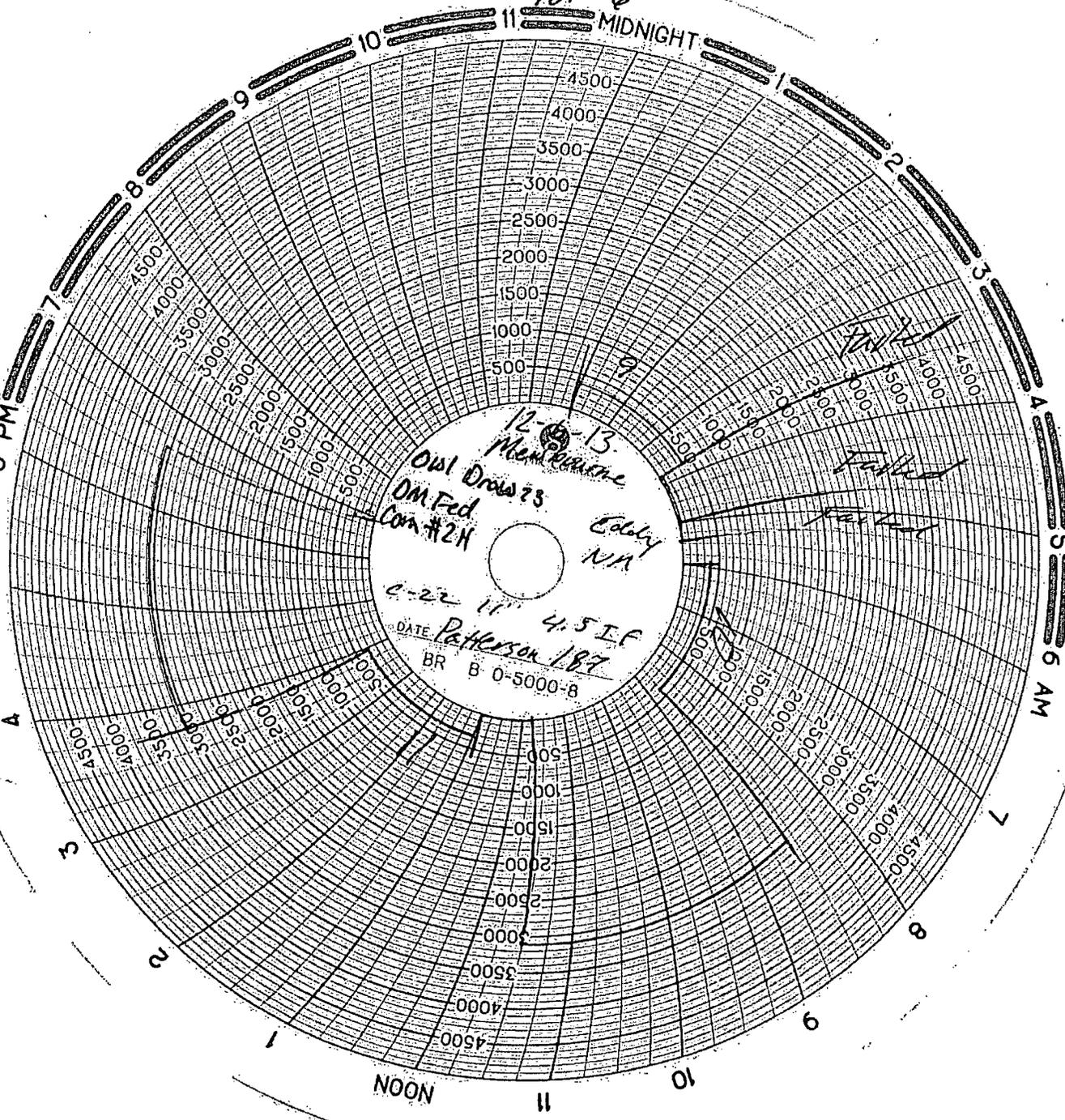
5

A

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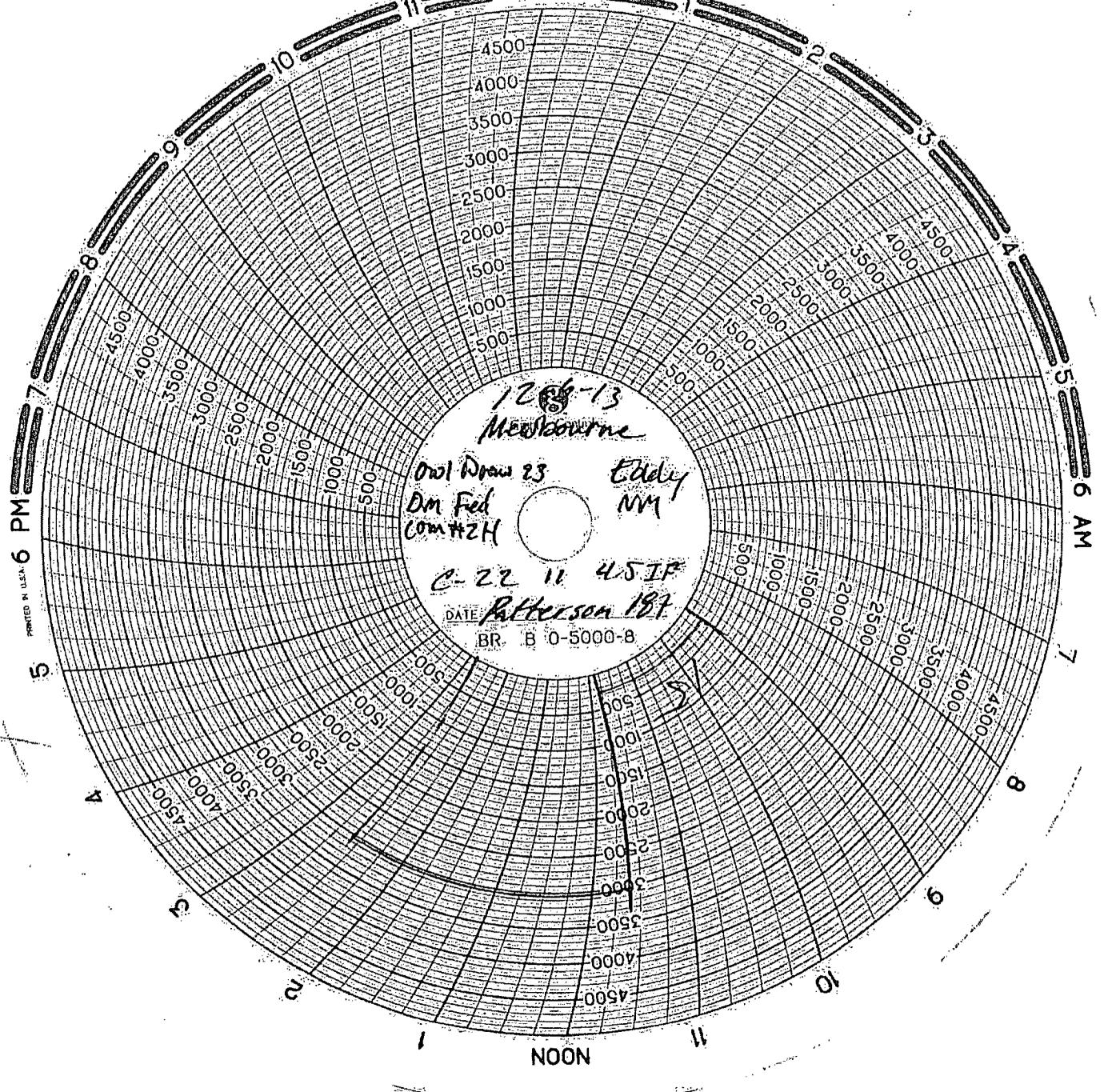
12-13
 Membrane
 Owl Draw 23
 DM Fed
 Com #2H
 Eddy
 N.H.
 2-22 11" 4.5 IF
 DATE Patterson 187
 BR B 0-5000-8

Wet
 Faded
 Faded

6 of 6

MIDNIGHT

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12-13
Meadowme

Dial Draw 23
Dm Fed
COM #2H

Eddy
NM

C-22 11 45IF

DATE Patterson 187

BR B 0-5000-8

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NOON

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MIDNIGHT

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