

NM OIL CONSERVATION

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

ARTESIA DISTRICT
OCD Artesia
JAN 13 2015

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# - 5# - NMNM27279 *BWL- LC068402*

SUBMIT IN TRIPLICATE - Other instructions on reverse side.		7. If Unit or CA/Agreement, Name and/or No. <i>NM 133367</i>
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	2. Name of Operator MEWBOURNE OIL COMPANY Contact: JACKIE LATHAN E-Mail: jlathan@mewbourne.com	8. Well Name and No. BRADLEY 31 B2DA FED COM 1H
3a. Address PO BOX 5270 HOBBS, NM 88241	3b. Phone No. (include area code) Ph: 575-393-5905	9. API Well No. 30-015-40562
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 31 T18S R30E Mer NMP NWNW 720FNL 10FWL		10. Field and Pool, or Exploratory BONE SPRING
		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 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 shall 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 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.)

07/24/14 TD 12 1/4" hole @ 1345'. Ran 1345' of 9 5/8" 36# J55 LT&C csg. Cemented w/300 sks Lite Class C (35:65:4) with additives. Mixed @ 12.5#/g w/2.20 yd. Tail w/200 sks Class C w/2% CaCl2. Mixed 14.8#/g w/1.34 yd. Plug down @ 6:30 AM 07/25/14. WOC. Tested BOPE to 3000# & annular to 1500#. At 3:30 P.M. 07/26/14, tested csg to 1500# for 30 mins, held OK. Circ 127 sks of cmt to the pit. Drilled out with 8 3/4" bit.

Copy of Chart & schematic attached.

Bond on file: NM1693 nationwide & NMB000919

*Accepted for record
ARD NMB00919/1/14/2015*

14. I hereby certify that the foregoing is true and correct. Electronic Submission #256981 verified by the BLM Well Information System For MEWBOURNE OIL COMPANY, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH HAM on 10/17/2014.		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p>ACCEPTED FOR RECORD</p> <p>USE JAN 6 2015</p> <p><i>Deborah Ham</i> Date</p> <p>BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE</p> </div>
Name (Printed/Typed) JACKIE LATHAN	Title AUTHORIZED REPRESENTATIVE	
Signature (Electronic Submission)	Date 08/14/2014	
THIS SPACE FOR FEDERAL OR STATE OFFICE USE		
Approved By _____		Office

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.

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, INC

Company Man Welding Date 7-25-14

Lease Bradley 31320A Redcom 14 County Eddy County

Drilling Contractor Patterson 160 Plug & Drill Pipe Size 11 1/2" 22 9/16" IF

Accumulator Pressure: 3000 Manifold Pressure: 1550 Annular Pressure: 1200

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 1375 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 1050 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 1.09 min. 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}

PRINTED IN U.S.A.

6 PM

7

8

9

10

11

MIDNIGHT

1

2

3

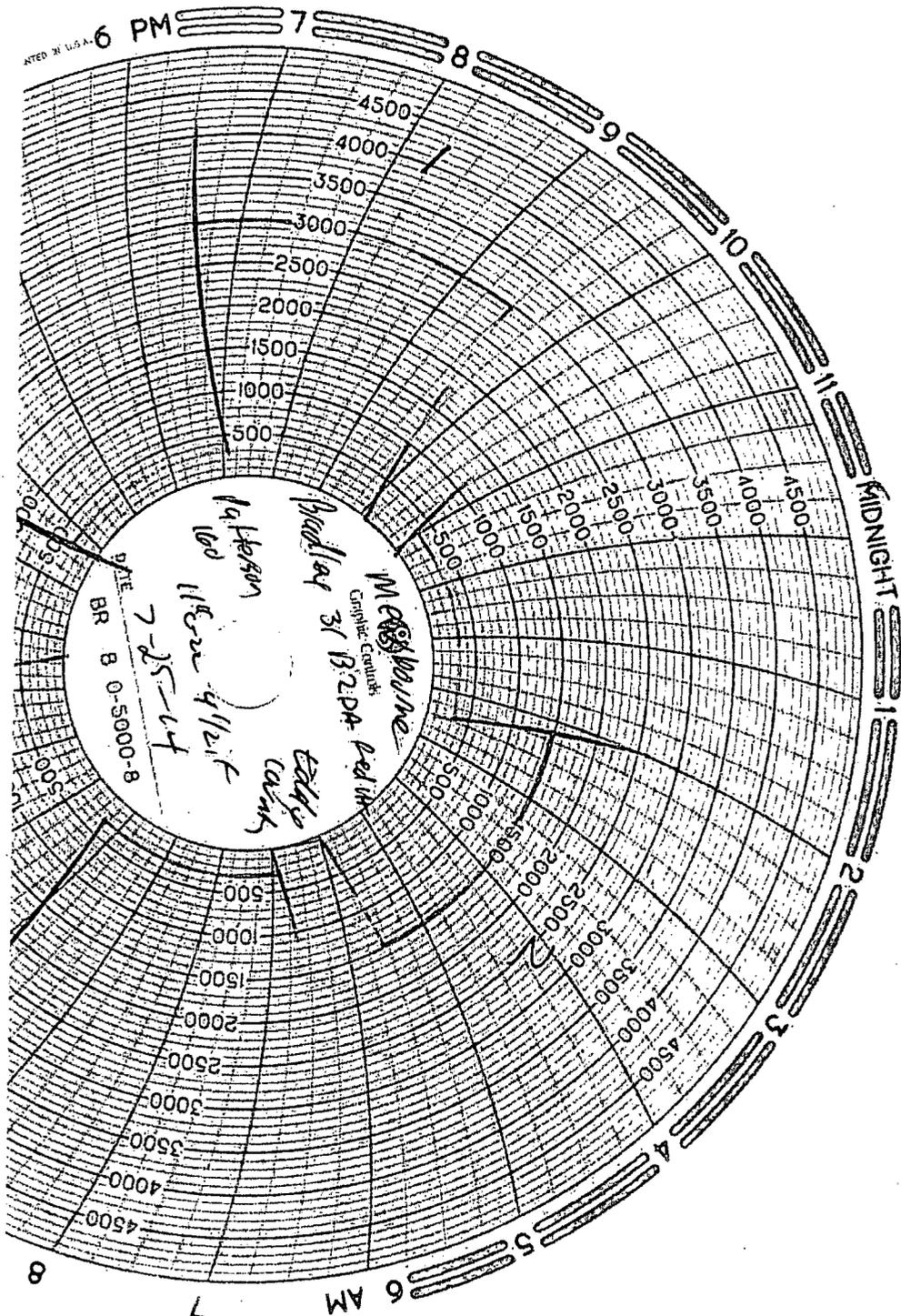
4

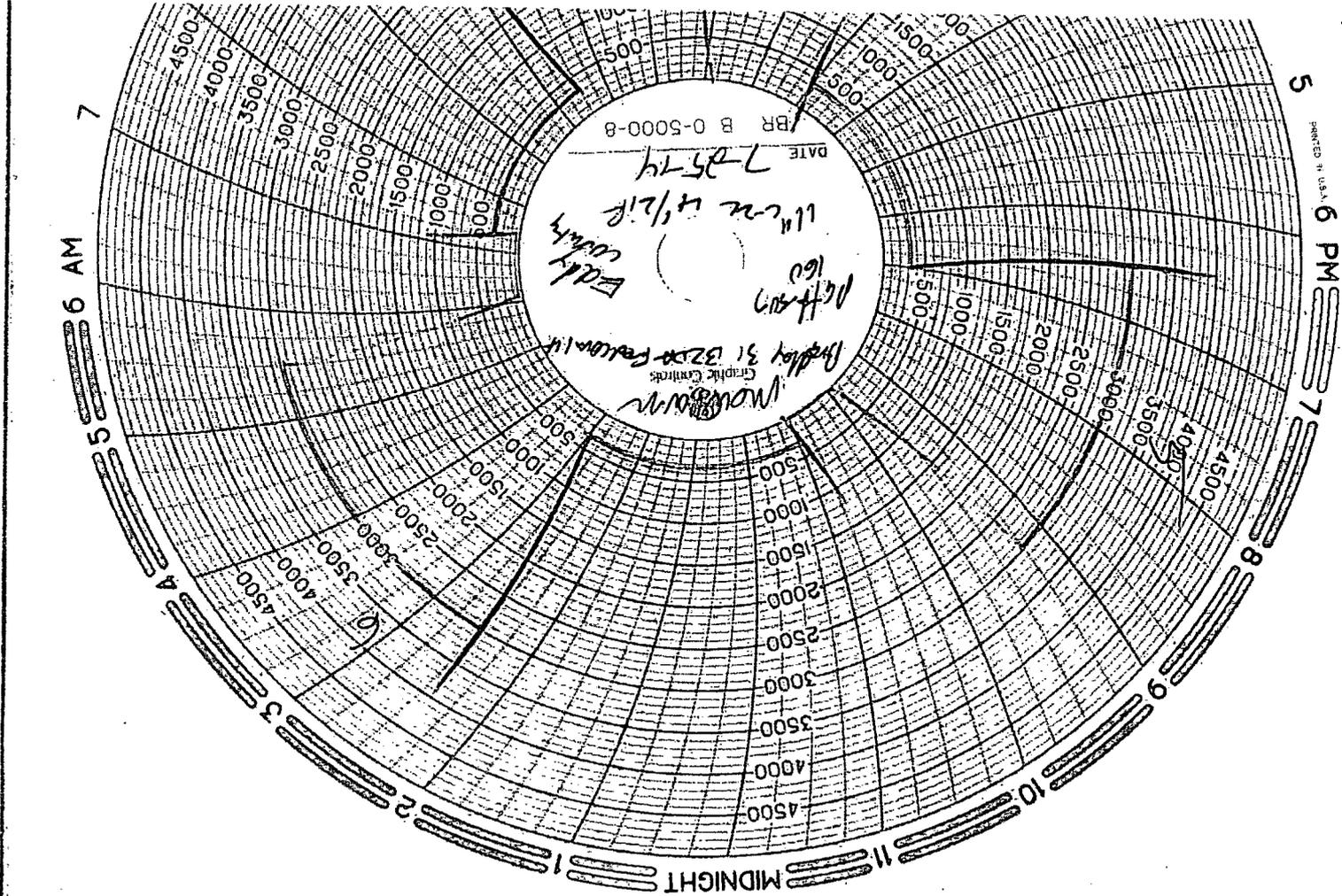
5

6 AM

7

8





7
6 AM

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4

3

2

1

11 MIDNIGHT

12

10

9

8

7

6 PM

5

BR B 0-5000-8

DATE

7-25-74

11:22 AM 4/21R

Edinburg
TX 78541

MORNING
Graphic Equalizer
Ridley St. 13222 Redwood Ln.

160

