

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88249  
 District II - (575) 393-1228  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

**NM OIL CONSERVATION**  
**RECEIVED**  
 FEB 11 2016

**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		WELL API NO. 30-015-43452
2. Name of Operator Mewbourne Oil Company		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator PO Box 5270, Hobbs NM 88241		6. State Oil & Gas Lease No. V-8988
4. Well Location Unit Letter <u>B</u> : 230 feet from the <u>North</u> line and <u>2523</u> feet from the <u>East</u> line Section <u>29</u> Township <u>23S</u> Range <u>27E</u> NMPM Eddy County		7. Lease Name or Unit Agreement Name Goose 29/28 W2BA State Com
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3179' GL		8. Well Number 1H
9. OGRID Number 14744		10. Pool name or Wildcat Forehand Ranch Wolfcamp, SW (76780)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>	
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13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

01/25/2016 MI & spud 17 1/2" hole. TD @ 480'. Ran 480' of 13 3/4" 54.5# J55 ST&C csg. Cmt w/550 sks Class C w/2% CaCl2. Mixed @ 14.8#/g w/1.34 yd. Plug down @ 8:30 A.M. 01/27/16. Circ 125 sks of cmt to the pit. At 2:15 A.M. 01/28/16, tested csg & BOPE to 1500# for 30 minutes, held OK. Drilled out with 12 1/4" bit.

01/29/2016 TD 12 1/4" hole @ 1946'. Ran 1940' of 9 3/8" 40# N80 LT&C csg. Cmt w/400 sks Class C w/additives. Mixed @ 13.5#/g w/1.73 yd. Tail w/200 sks Class C w/1% CaCl2. Mixed @ 14.8#/g w/1.33 yd. Plug down @ 1:15 P.M. 01/29/16. Circ 60 sks of cmt to the pit. Set well head w/65k#. Tested csg spool pack-off to 2000#. Tested BOPE to 5000# & Annular to 2500#. At 5:00 A.M. 01/30/16, tested csg to 1500# for 30 minutes, held OK. Drilled out with 8 3/4" bit.

Spud Date: 01/25/2016

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Jackie Lathan TITLE Regulatory DATE 02/08/2016

Type or print name Jackie Lathan E-mail address: jlathan@mewbourne.com PHONE: 575-393-5905

**For State Use Only**

APPROVED BY: JD Dade TITLE DIST. SUPERVISOR DATE 2/12/2016

Conditions of Approval (if any):