

RECEIVED

WELL API NO.

30-015-43846

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Journey 12 WOMP Fee Com

8. Well Number 3H

9. OGRID Number 14744

10. Pool name or Wildcat

Pierce Crossing; Wolfcamp, NW (GAS)

SUNDRY NOTICES AND REPORTS ON WELLS

(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 ☐ Gas Well ☒ Other

2. Name of Operator

Mewbourne Oil Company

3. Address of Operator

PO Box 5270, Hobbs NM 88241

4. Well Location

Unit Letter M : 250 feet from the South line and 200 feet from the West line

Section 12 Township 24S Range 28E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

2975' GL

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐CLOSED-LOOP SYSTEM ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☒OTHER: ☐

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.

01/08/2017 TD'ed 6 1/8" hole @ 14251' MD. Ran 4 1/2" 13.5# P110 LT&C csg to 14206'. Top of liner @ 9050'. Cmt w/300 sks Lite Class H (50:50:10) w/additives. Mixed @ 11.9#/g w/2.48 yd. Released dart. Displaced w/ 175 bbls BW. Plug down @ 10:45 P.M.
01/19/17. Set packer & sting out of liner. Displaced 7" csg w/BW. Circ 72 sks of cmt off of liner top to the pits. Tested liner top to 1550#. Set liner hanger w/2680#. Pushed w/30k# to set liner hanger. Pumped 20 bbls mud clean spacer. Tested liner top to 1550# for 15 min, held OK.

Rig released 01/20/17 @ 3:00 P.M.

Spud Date: 12/22/16

Rig Release Date: 01/20/17

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

SIGNATURE Ruby Caballero TITLE Regulatory DATE 01/24/2017Type or print name Ruby Caballero E-mail address: rojeda@mewbourne.com PHONE: 575-393-5905

For State Use Only

APPROVED BY: [Signature] TITLE DI SUPERZ DATE 01 FEB 17

Conditions of Approval (if any):