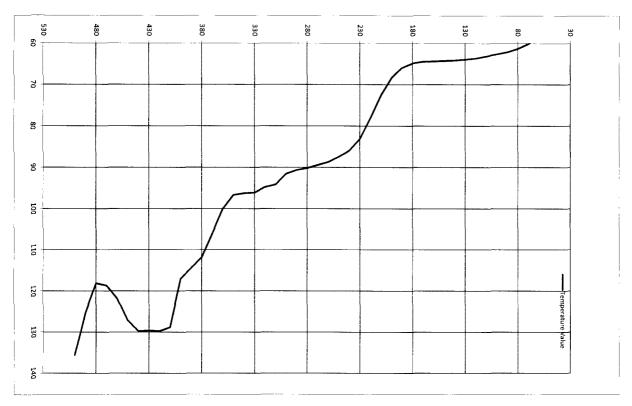
| Submit 1 Copy To Appropriate District  | State of New Mexico              | Form C-103                           |
|--|----------------------------------|--------------------------------------|
| Office <u>District I</u> – (575) 393-6161  1625 N. French Dr., Hobbs, NMB ARTESIA DISTRIC  | w. Minerals and Natural Resource | Revised July 18, 2013                |
| 1625 N. French Dr., Hobbs, N. 1625 N | A110.                            | WELL API NO.                         |
| OII CONCEDIATION DIVICION  |                                  | 30-013-43040                         |
| 811 S. First St., Artesia, NM 88210<br>District III – (505) 334-6178   | 1220 South St. Francis Dr.       | 5. Indicate Type of Lease            |
| 1000 Rio Brazos Rd., Aztec, NM 87410   | 1220 South St. Francis Dr.       | STATE  FEE                           |
| District IV - (505) 476-3460   | Santa Fe, NM 87505               | 6. State Oil & Gas Lease No.         |
| 1220 S. St. Francis Dr., Santa Fe, NM  |                                  |                                      |
| 87505  |                                  |                                      |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  |                                  | 7. Lease Name or Unit Agreement Name |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR  |                                  | Journey 12 Wolvin Tee Com            |
| PROPOSALS.)  |                                  | 8. Well Number 3H                    |
| 1. Type of Well: Oil Well Gas Well   | ☑ Other                          |                                      |
| 2. Name of Operator  |                                  | 9. OGRID Number 14744                |
| Mewbourne Oil Company  |                                  |                                      |
| 3. Address of Operator   |                                  | 10. Pool name or Wildcat             |
| PO Box 5270, Hobbs NM 88241  |                                  | Pierce Crossing; Wolfcamp, NW (GAS)  |
| 4. Well Location   |                                  |                                      |
|  |                                  |                                      |
|  |                                  | feet from theWestline                |
| Section 12   | Township 24S Range 28E           |                                      |
| 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  | N TO:                            | SUBSEQUENT REPORT OF:                |
| PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐   |                                  |                                      |
| TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐  |                                  |                                      |
| PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ CASING/CEMENT JOB ☒  |                                  |                                      |
| DOWNHOLE COMMINGLE   |                                  |                                      |
|  |                                  |                                      |
| CLOSED-LOOP SYSTEM   OTHER:  | □ OTHER:                         | П                                    |
| 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.   |                                  |                                      |
| proposed completion of recompletion.   |                                  |                                      |
|  |                                  |                                      |
| 12/22/16 ML & enud 17 1/4" hole TD @ 505! Pan 585! of 12 3/4 5/4 5# 155 ST&C and Cont w/180 also Close C w/additives   |                                  |                                      |
| 12/22/16 MI & spud 17 ½" hole. TD @ 595'. Ran 585' of 13 ¾" 54.5# J55 ST&C csg. Cmt w/180 sks Class C w/additives.   |                                  |                                      |
| Mixed @ 14.4#/g w/1.60 yd. Pumped 20 bbls FW. Tail w/900 sks Class C w/2% CaCl2. Mixed @ 14.8#/g w/1.34 yd. Plug down  |                                  |                                      |
| @ 1:00 A.M. 12/24/16. Did not circ cmt. Slow rate lift pressure 164# @ 3 BPM. Ran temp surv indicating TOC @ 190'  |                                  |                                      |
| TIH with 1" pipe. Tag @ 190'. Ran 1" pipe in 3 stages with 263 sks Class C w/2% CaCl2. Mixed @ 14.8#/g w/1.34 yd. Circ 42  |                                  |                                      |
| sks of cmt to the cellar.  |                                  |                                      |
| Tested BOPE to 5000# & Annular to 3500#. Tested standpipe & mud lines to the pumps to 5000#. At 2:00 A.M. 12/26/16, tested   |                                  |                                      |
| csg to 1500# for 30 minutes, held OK. Drilled out with 12 ¼" bit.  |                                  |                                      |
| 0 0 1.1  |                                  |                                      |
| Copy of temp survey attached.  |                                  |                                      |
|  |                                  |                                      |
| S1 D-to: 12/22/16  | Die Beleese Deter                |                                      |
| Spud Date: 12/22/16  | Rig Release Date:                |                                      |
|  |                                  |                                      |
|  |                                  |                                      |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |                                  |                                      |
|  |                                  |                                      |
| all what Call all.   |                                  |                                      |
| SIGNATURE Librilles TITLE Regulatory DATE 01/03/2017   |                                  |                                      |
| . 6  |                                  |                                      |
| Type or print name _Ruby Caballero   | E-mail address: _rojeda@mewbourn | e.com PHONE: _575-393-5905           |
| For State Use Only   |                                  |                                      |
| ( A 1/4 ) ( - 1/4 ) 2-11-2017  |                                  |                                      |
| APPROVED BY: Caymond & Sidang TITLE Greologist DATE 2-16-2017  |                                  |                                      |
| Conditions of Approval (if any):   |                                  |                                      |





YES SURVEY

Company:

Well #:

VEY

County and State:

<u>Date:</u> 3H <u>Probe:</u>

8507

