

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTNMOCD
ArtesiaFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**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.
NMNM90521

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

8. Well Name and No.

MOTLEY 6/7 W2DE FED COM 1H

2. Name of Operator

MEWBOURNE OIL COMPANY

Contact: JACKIE LATHAN

E-Mail: jlathan@mewbourne.com

9. API Well No.

30-015-44140

3a. Address

PO BOX 5270
HOBBS, NM 88241

3b. Phone No. (include area code)

Ph: 575-393-5905

10. Field and Pool or Exploratory Area

PURPLE SAGE WOLFCAMP GAS

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 6 T24S R28E Mer NMP NWNW 220FNL 415FWL

11. County or Parish, State

EDDY COUNTY, NM

12. CHECK THE 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"/> Hydraulic Fracturing	<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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Well Spud
	<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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

05/08/2017 MI & spud 17 7" hole. TD @ 518'. Ran 503' of 13 & #8540;" 54.5# 155 ST&C csg. Cmt w/546 sks Class C w/2% CaCl2. Mixed @ 14.8#/g w/1.34 yd. Pumped 20 bbls FW spacer. Displaced w/71 bbls FW. Plug down @ 4:30 P.M. 05/08/2017. Circ 146 sks of cmt to the pit. Tested BOPE to 5000# & Annular to 3500#. Tested standpipe & mud lines to the pumps to 5000#. FIT test to 10.5 PPG EMW. At 11:45 A.M. 05/09/2017, tested csg to 1500# for 30 minutes, held OK. Drilled out with 12 7" bit.

Chart & Schematic Attached.

Bond on file: NM1693 nationwide & NMB000919

NM OIL CONSERVATION
ARTESIA DISTRICT

JUL 19 2017

Accepted for record - NMOCD

RECEIVED

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

Electronic Submission #376902 verified by the BLM Well Information System
For MEWBOURNE OIL COMPANY, sent to the Carlsbad
Committed to AFMSS for processing by DEBORAH MCKINNEY on 05/24/2017 ()

Name (Printed/Typed) JACKIE LATHAN

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 05/22/2017

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

Date

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.

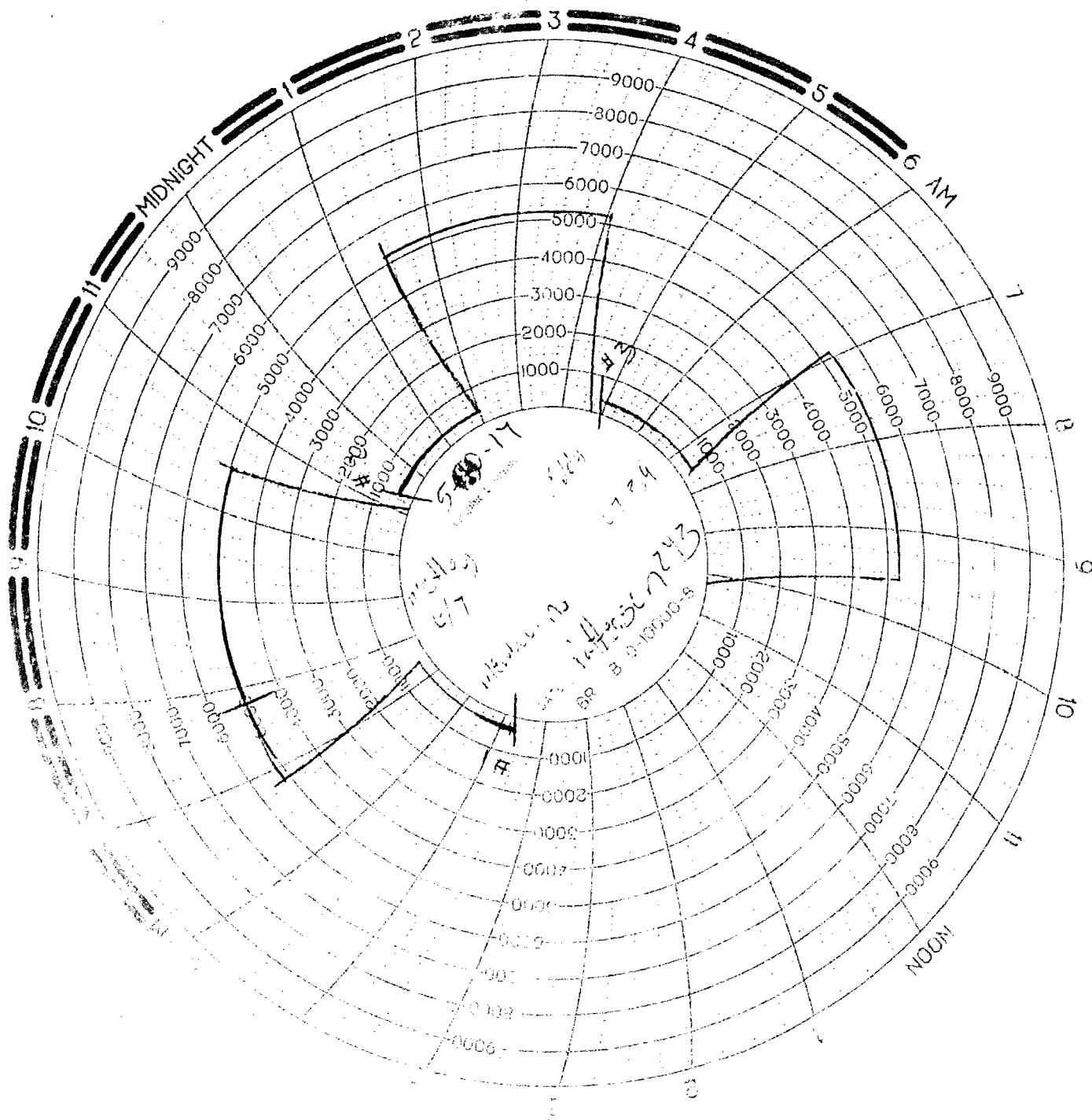
Office

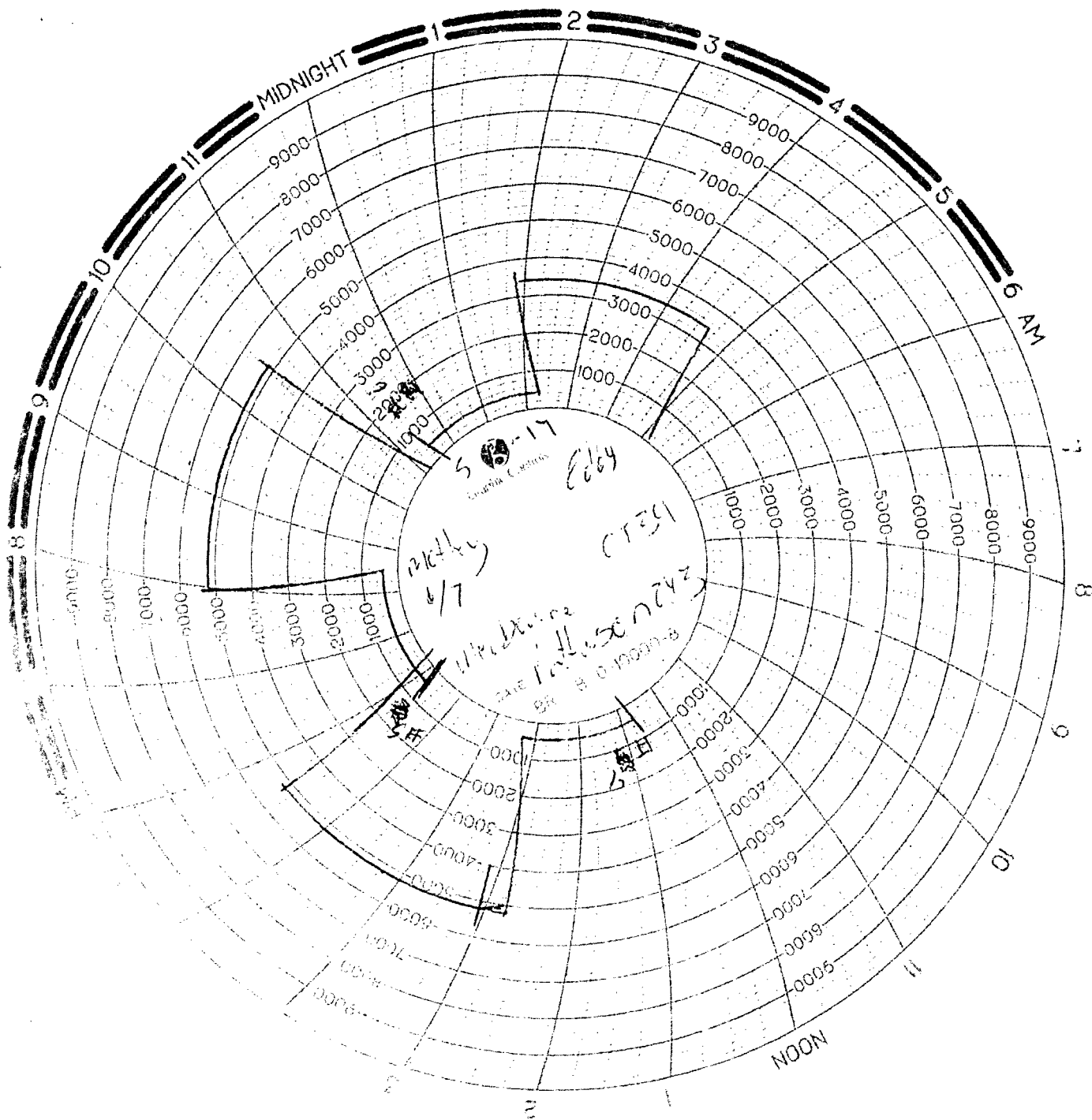
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

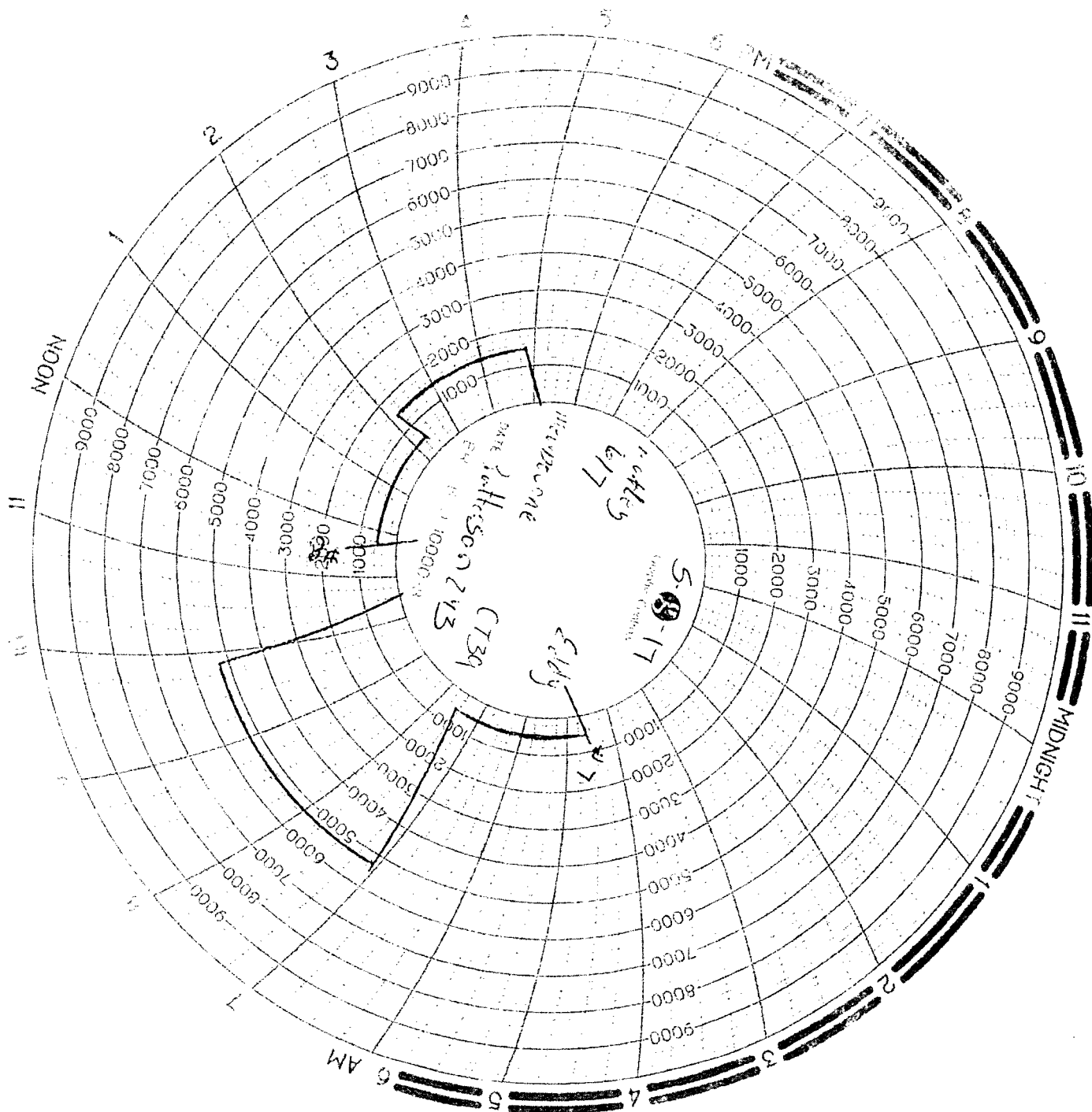
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****







Chevron Use Only

MAN WELDING SERVICES, INC

DSM & Rig manager
must be present

Company _____ Date _____

Lease _____ County _____

Drilling Contractor _____ Plug & Drill Pipe Size _____

Accumulator Pressure: _____ Manifold Pressure: _____ Annular Pressure: _____

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. Record remaining pressure _____ psi. Test Fails if pressure is lower than required.
- - a. {1285 psi for a 1500 psi system} b. {1385 psi for a 2000 psi system} c. {1500 psi for a 3000 system}
 6. 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 _____ 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 _____. 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}

DSM Signed: _____

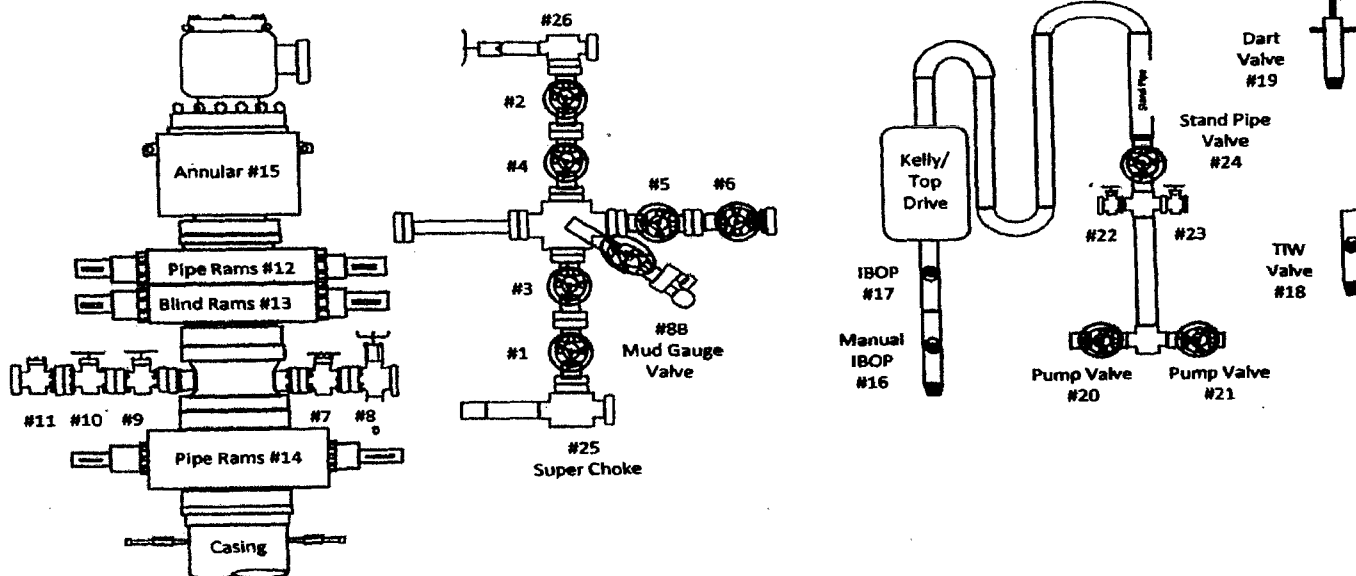
Rig Manager Signed _____



Pg. _____ of _____

Required BOP: _____ Installed BOP: _____

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

[illegible]