

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**NMOCD**  
**Artesia**

FORM 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.**

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

|  |   |   |
|--|---|---|
| 1. Type of Well<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other |   | 8. Well Name and No.<br>HOSS 2/11 B2BO FED COM 2H                   |
| 2. Name of Operator<br>MEWBOURNE OIL COMPANY<br>Contact: JACKIE LATHAN<br>E-Mail: jlathan@mewbourne.com                          |   | 9. API Well No.<br>30-015-44152                                     |
| 3a. Address<br>PO BOX 5270<br>HOBBS, NM 88241  | 3b. Phone No. (include area code)<br>Ph: 575-393-5905 | 10. Field and Pool or Exploratory Area<br>SAN LORENZO NORTH BONE SP |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>Sec 2 T25S R28E Mer NMP NWNW 185FNL 1650FEL            |   | 11. County or Parish, State<br>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 checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Deepen                     |
| <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Alter Casing               |
|   | <input type="checkbox"/> Hydraulic Fracturing       |
|   | <input type="checkbox"/> Casing Repair              |
|   | <input type="checkbox"/> New Construction           |
|   | <input type="checkbox"/> Change Plans               |
|   | <input type="checkbox"/> Plug and Abandon           |
|   | <input type="checkbox"/> Convert to Injection       |
|   | <input type="checkbox"/> Plug Back                  |
|   | <input type="checkbox"/> Production (Start/Resume)  |
|   | <input type="checkbox"/> Reclamation                |
|   | <input type="checkbox"/> Recomplete                 |
|   | <input type="checkbox"/> Temporarily Abandon        |
|   | <input type="checkbox"/> Water Disposal             |
|   | <input type="checkbox"/> Water Shut-Off             |
|   | <input type="checkbox"/> Well Integrity             |
|   | <input checked="" type="checkbox"/> Other Well Spud |

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 recomple 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 recomple 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.

05/15/2017 MI & spud 17 1/2" hole. TD @ 464'. Ran 449' of 13 & #8540, 54.5# J55 ST&C csg. Cmt w/500 sks Class C w/2% CaCl2. Mixed @ 14.8#/g w/1.34 yd. Pumped 20 bbls FW. Displaced w/63 bbls FW. Plug down @ 8:15 P.M. 05/15/2017. Circ 105 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 8:00 P.M. 05/16/2017, tested csg to 1500# for 30 minutes, held OK. Drilled out with 12 1/2" bit.

Chart & Schematic Attached.

Bond on file: NM1693 nationwide & NMB000919

**NM OIL CONSERVATION**  
ARTESIA DISTRICT

JUL 19 2017

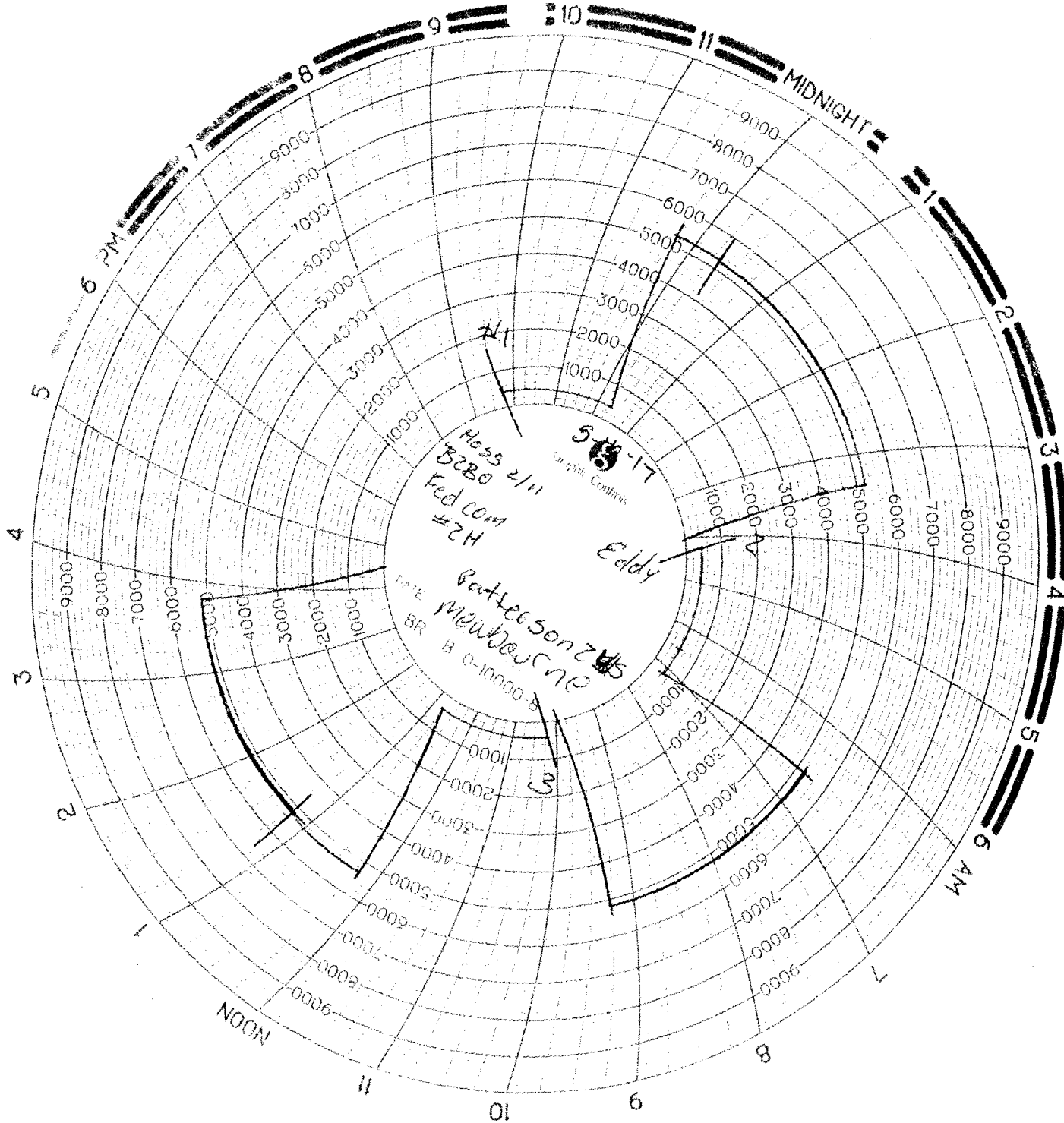
Accepted for record - NMOCD

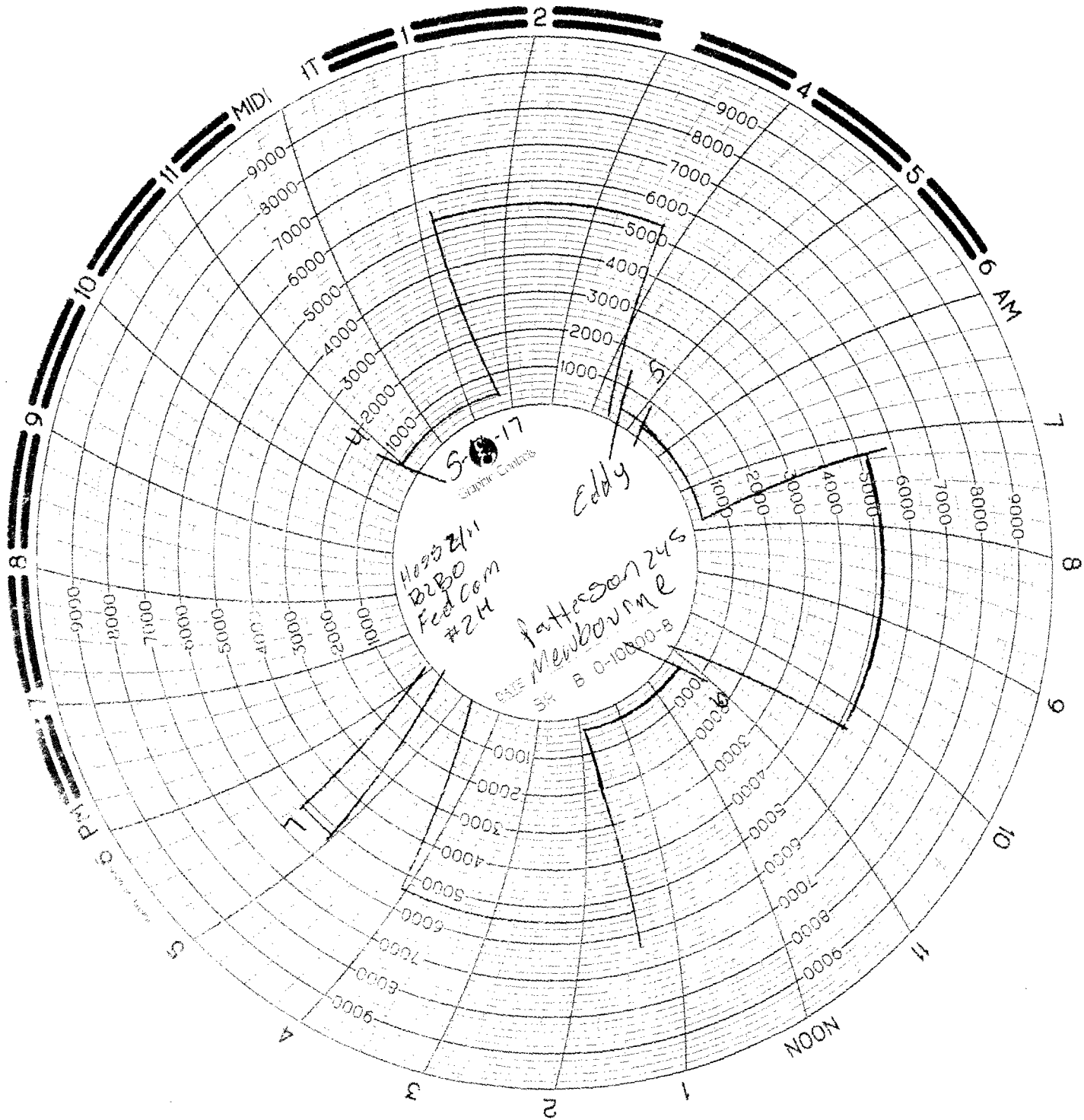
RECEIVED

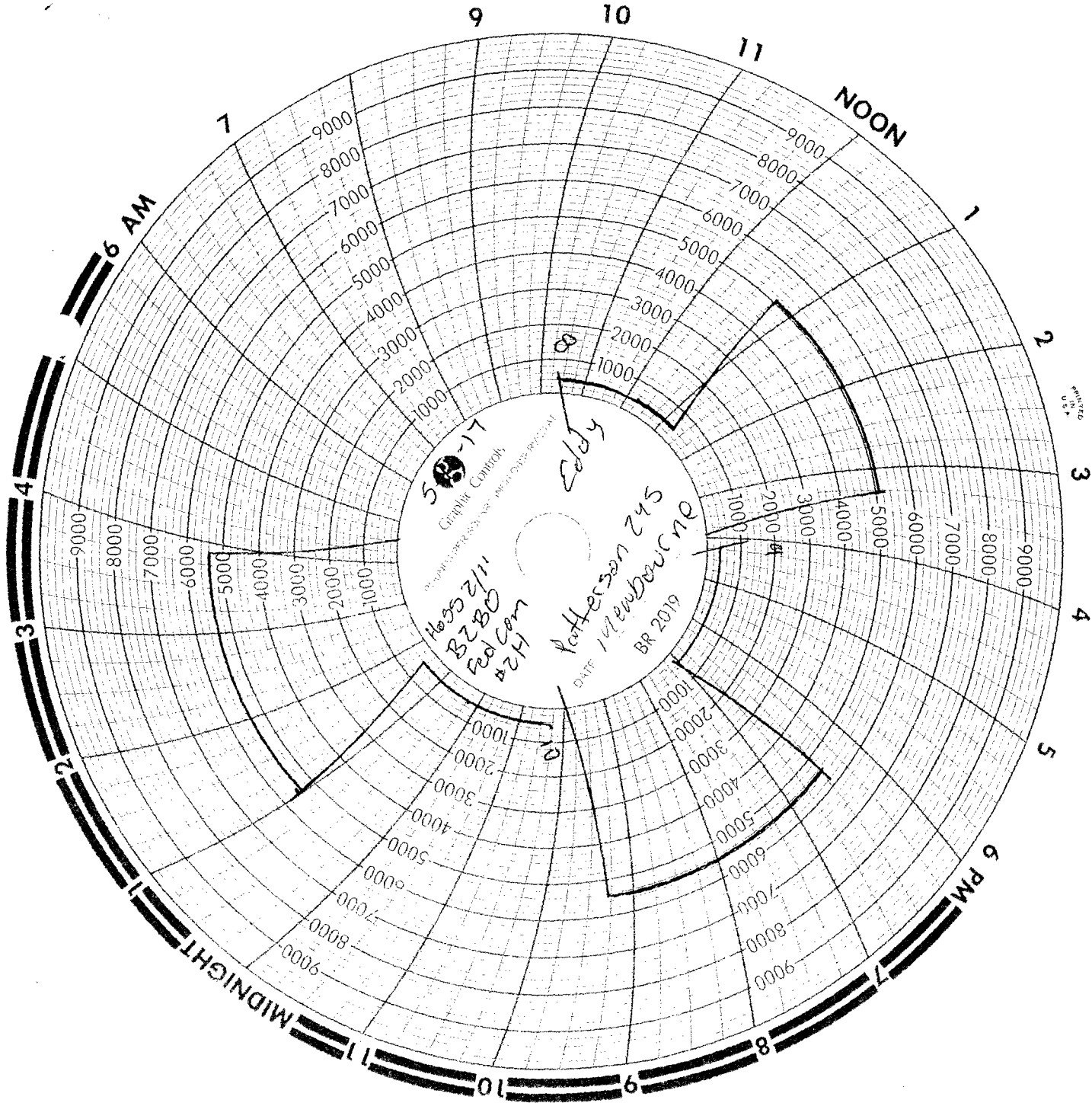
|  |                                 |
|--|---------------------------------|
| 14. I hereby certify that the foregoing is true and correct.<br>Electronic Submission #376900 verified by the BLM Well Information System<br>For MEWBOURNE OIL COMPANY, sent to the Carlsbad   |                                 |
| Name (Printed/Typed) JACKIE LATHAN   | Title AUTHORIZED REPRESENTATIVE |
| Signature (Electronic Submission)  | Date 05/22/2017                 |
| THIS SPACE FOR FEDERAL OR STATE OFFICE USE JUN 30 2017   |                                 |
| Approved By  | Title                           |
| 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                          |
| 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)

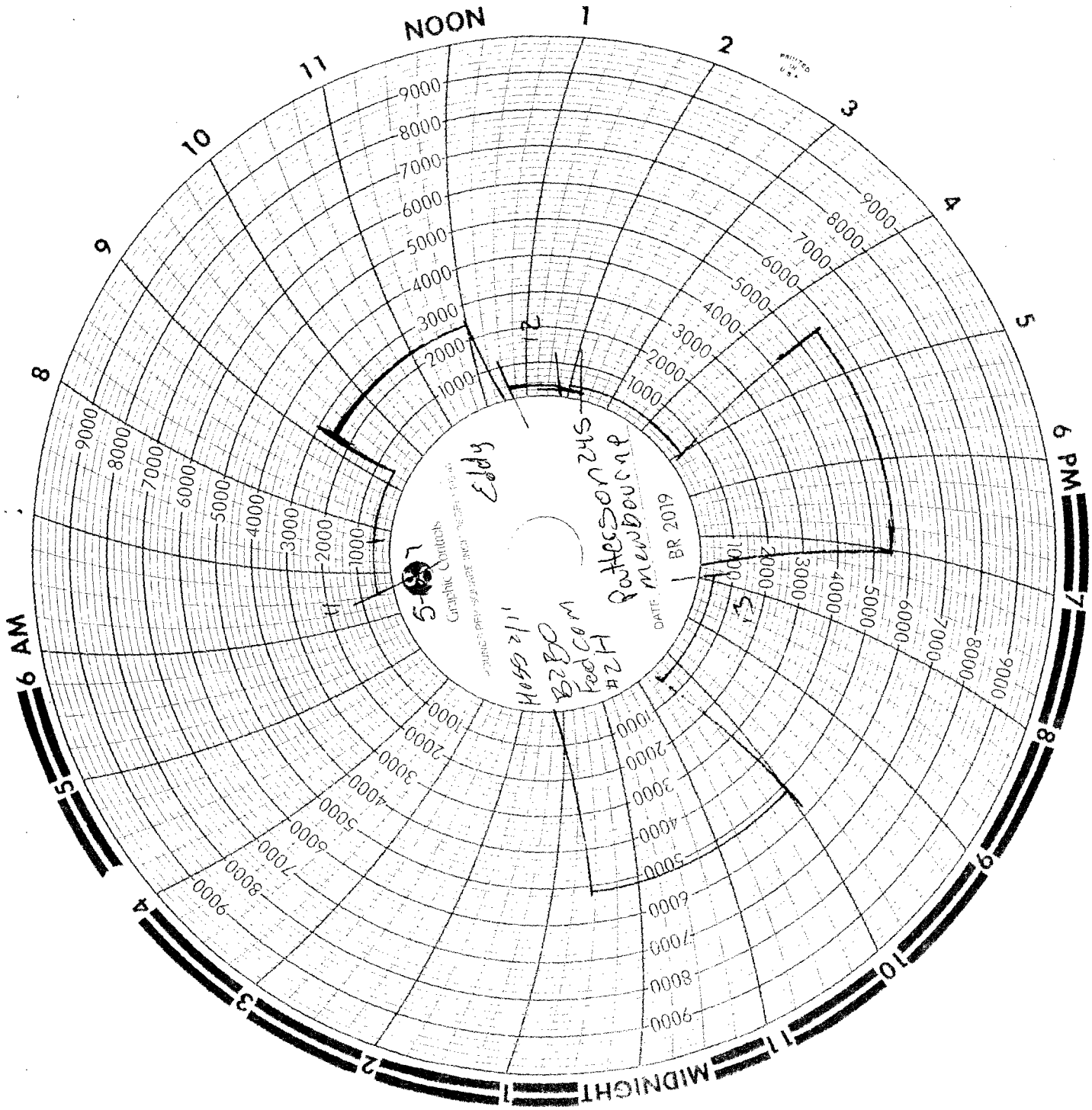
**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

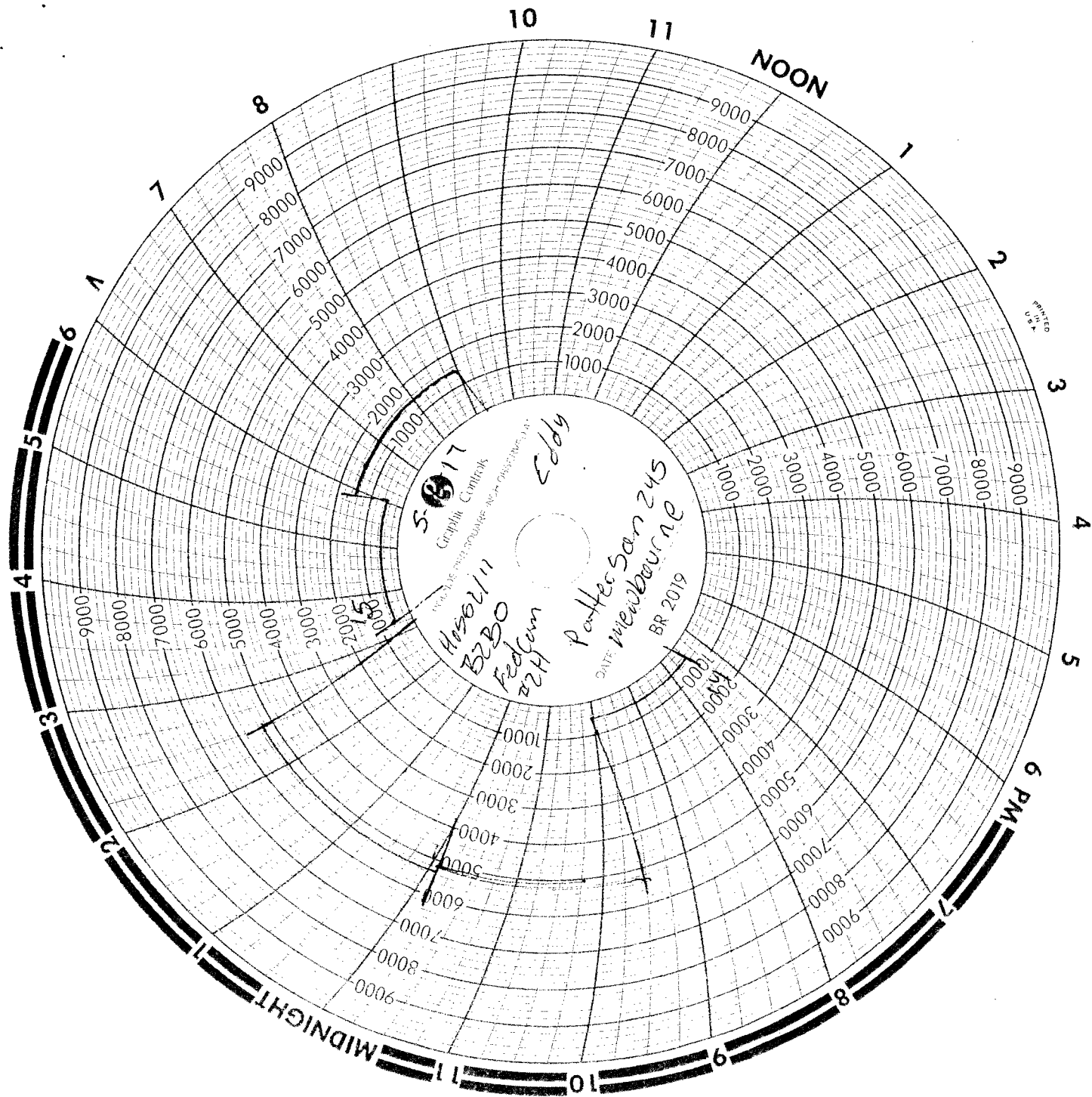






5-17  
Gripak Controls  
Patterson 245  
BR 2019  
DATE  
BZBO  
redcom  
#214







WELDING • BOP TESTING  
NIPPLE UP SERVICE • BOP LIFTS • TANDEM  
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Lovington, NM • 575-396-4540

Pg. \_\_\_\_\_ of \_\_\_\_\_

Company: THE WHOLESALE

Lease: 4-2-11 ETC 10-1-11

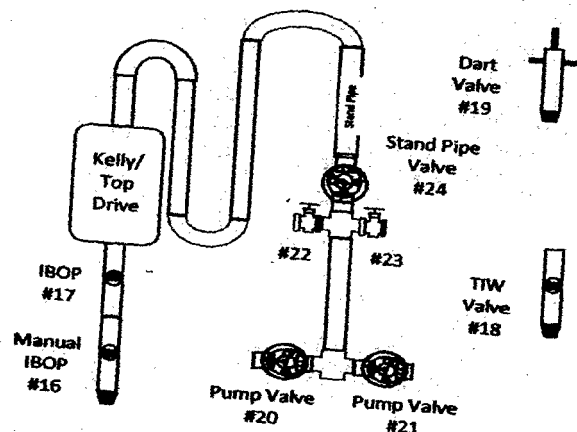
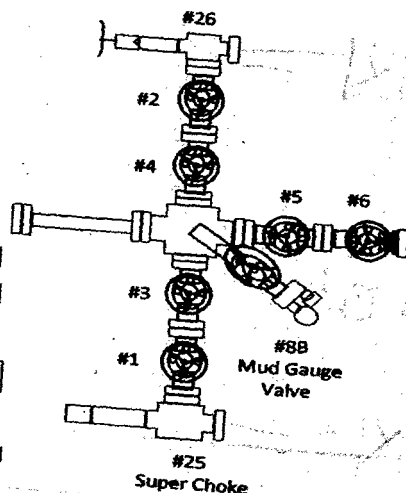
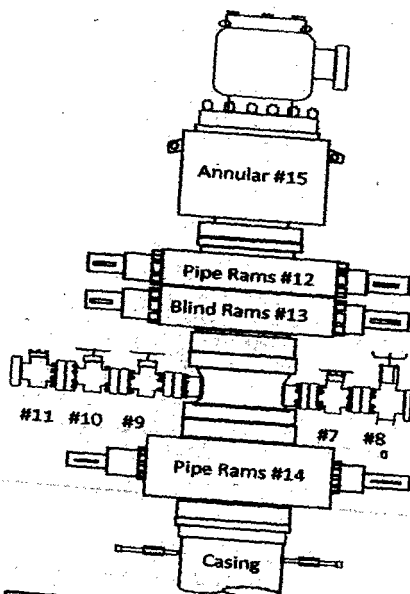
Date: \_\_\_\_\_ Invoice # \_\_\_\_\_  
Drilling Contractor: \_\_\_\_\_

Plug Size & Type: \_\_\_\_\_ Drilling Contractor: \_\_\_\_\_ Invoice # \_\_\_\_\_  
Required BOP: \_\_\_\_\_ Drill Pipe Size \_\_\_\_\_ Rig # \_\_\_\_\_

Required BOP: \_\_\_\_\_ Drill Pipe Size: \_\_\_\_\_ Rigs # \_\_\_\_\_  
Appropriate Casing Valve Must Be Closed \_\_\_\_\_ Installed BOP: \_\_\_\_\_ Tester: \_\_\_\_\_

\*Appropriate Casing Valve Must Be Open During BOP Test \*

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



| TEST # | ITEMS TESTED    | TEST LENGTH | LOW PSI | HIGH PSI | REMARKS |
|--------|-----------------|-------------|---------|----------|---------|
| 1      | 10' x 10' x 10' | 10' 10"     | 100     | 1000     | P       |
| 2      | 10' x 10' x 10' | 10' 10"     | 100     | 1000     | P       |
| 3      | 10' x 10' x 10' | 10' 10"     | 100     | 1000     | P       |
| 4      | 10' x 10' x 10' | 10' 10"     | 100     | 1000     | P       |
| 5      | 10' x 10' x 10' | 10' 10"     | 100     | 1000     | P       |
| 6      | 10' x 10' x 10' | 10' 10"     | 100     | 1000     | P       |
| 7      | 10' x 10' x 10' | 10' 10"     | 100     | 1000     | P       |
| 8      | 10' x 10' x 10' | 10' 10"     | 100     | 1000     | P       |
| 9      | 10' x 10' x 10' | 10' 10"     | 100     | 1000     | P       |
| 10     | 10' x 10' x 10' | 10' 10"     | 100     | 1000     | P       |
| 11     | 10' x 10' x 10' | 10' 10"     | 100     | 1000     | P       |
| 12     | 10' x 10' x 10' | 10' 10"     | 100     | 1000     | P       |
| 13     | 10' x 10' x 10' | 10' 10"     | 100     | 1000     | P       |
| 14     | 10' x 10' x 10' | 10' 10"     | 100     | 1000     | P       |
| 15     | 10' x 10' x 10' | 10' 10"     | 100     | 1000     | P       |
|        |                 |             |         |          |         |
|        |                 |             |         |          |         |
|        |                 |             |         |          |         |
|        |                 |             |         |          |         |

Chevron Use Only

# MAN WELDING SERVICES, INC

DSM & Rig manager  
must be present

Company manbourn Date 5-16-17  
Lease 1122/115250Toltec County El Paso  
Drilling Contractor Manbourn Plug & Drill Pipe Size \_\_\_\_\_  
Accumulator Pressure: 2000 Manifold Pressure: 1000 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** 1:24. **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 \_\_\_\_\_