

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

Amended

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM90521
2. Name of Operator MEWBOURNE OIL COMPANY Contact: JACKIE LATHAN E-Mail: jlathan@mewbourne.com		6. If Indian, Allottee or Tribe Name
3a. Address PO BOX 5270 HOBBS, NM 88241	3b. Phone No. (include area code) Ph: 575-393-5905	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 6 T24S R28E Mer NMP NWNW 220FNL 415FWL		8. Well Name and No. MOTLEY 6/7 W2DE FED COM 1H
		9. API Well No. 30-015-44140
		10. Field and Pool or Exploratory Area PURPLE SAGE WOLFCAMP GAS
		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	Drilling Operations
	<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 recomplete 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 recompletion 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.

This is an amended sundry to one that was already sent in. We had the time for the test on the Liner Top incorrect. Should have been for 30 minutes.

9-13-17
Accepted for record - NMOCD

06/01/2017 TD'd 6 1/8" hole @ 17530' MD. Ran 4 1/2" 13.5# HCP110 BPN csg to 17490'. Top of liner @ 9579'. Cmt w/350 sks Lite Class C (60:40:0) w/additives. Mixed @ 11.2#/g w/3.18 yd. Released dart. Displaced w/221 bbls BW. Plug down @ 3:00 P.M 06/03/17. Set packer & string out of liner. Displaced 77 csg w/240 bbls BW. Circ 133 sks of cmt off of liner top to the pits. Set liner hanger w/3600#. Pushed w/70k# to set liner hanger. Pumped 30 bbls Ultra Flush spacer. Tested tbg spool pack-off to 5000#. Tested liner top to 1500# for 30 minutes, held OK.

Rig released 06/04/17 @ 8:00 P.M.

Duplicate

NM OIL CONSERVATION
ARTESIA DISTRICT

SEP 13 2017

RECEIVED

14. I hereby certify that the foregoing is true and correct. Electronic Submission #386375 verified by the BLM Well Information System for MEWBOURNE OIL COMPANY, sent to the Carlsbad Committed to AFMSS for processing by JENNIFER SANCHEZ on 08/31/2017 ()	
Name (Printed/Typed) JACKIE LATHAN	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 08/28/2017
THIS SPACE FOR FEDERAL OR STATE OFFICE USE	
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 _____	

ACCEPTED FOR RECORD
2017
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 ****

Additional data for EC transaction #386375 that would not fit on the form

32. Additional remarks, continued

Bond on file: NM1693 nationwide & NMB000919