

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.

5. Lease Serial No.
NMNM01165

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
DERRINGER 18 B2MP FED 1H

9. API Well No.
30-015-43902

10. Field and Pool or Exploratory Area
BONE SPRING **52805**
Russell

11. County or Parish/State
EDDY COUNTY, NM

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
MEWBOURNE OIL COMPANY
Contact: JACKIE LATHAN
E-Mail: jlathan@mewbourne.com

3a. Address
PO BOX 5270
HOBBS, NM 88241

3b. Phone No. (include area code)
Ph: 575-393-5905

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 22 T23S R30E Mer NMP SWSW 300FSL 305FWL

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 Well Spud
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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 recomplate 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.

04/01/18...Spud 17 1/2" hole. TD'd hole @ 1135'. Ran 1120' of 13 & #8540;" 54.5# J55 ST&C csg. Cemented with 750 sks Class C w/additives. Mixed @ 13.5 #/g w/ 1.75 yd. Tail w/200 sks Class C w/1% CaCl2. Mixed @ 14.8 #/g w/1.34 yd. Plug down @ 7:30 PM 04/01/18. Circ 247 sks of cmt to the pits. Tested BOPE to 5000# & Annular to 3500#. At 7:30 P.M. 04/03/18, tested csg to 1500# for 30 minutes, held OK. Drilled out with 12 1/4" bit. FIT test to EMW of 10.5 PPG.

Bond on file: 22015694 nationwide & 022041703 Statewide

GC 6-4-18
Accepted for record - NMOCD

RECEIVED

MAY 31 2018

DISTRICT II-ARTESIA O.C.D.

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #412419 verified by the BLM Well Information System For MEWBOURNE OIL COMPANY, sent to the Carlsbad Committed to AFMSS for processing by JENNIFER SANCHEZ on 04/26/2018 ()

Name (Printed/Typed) JACKIE LATHAN Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission) Date 04/26/2018

ACCEPTED FOR RECORD

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____ Date APR 26 2018

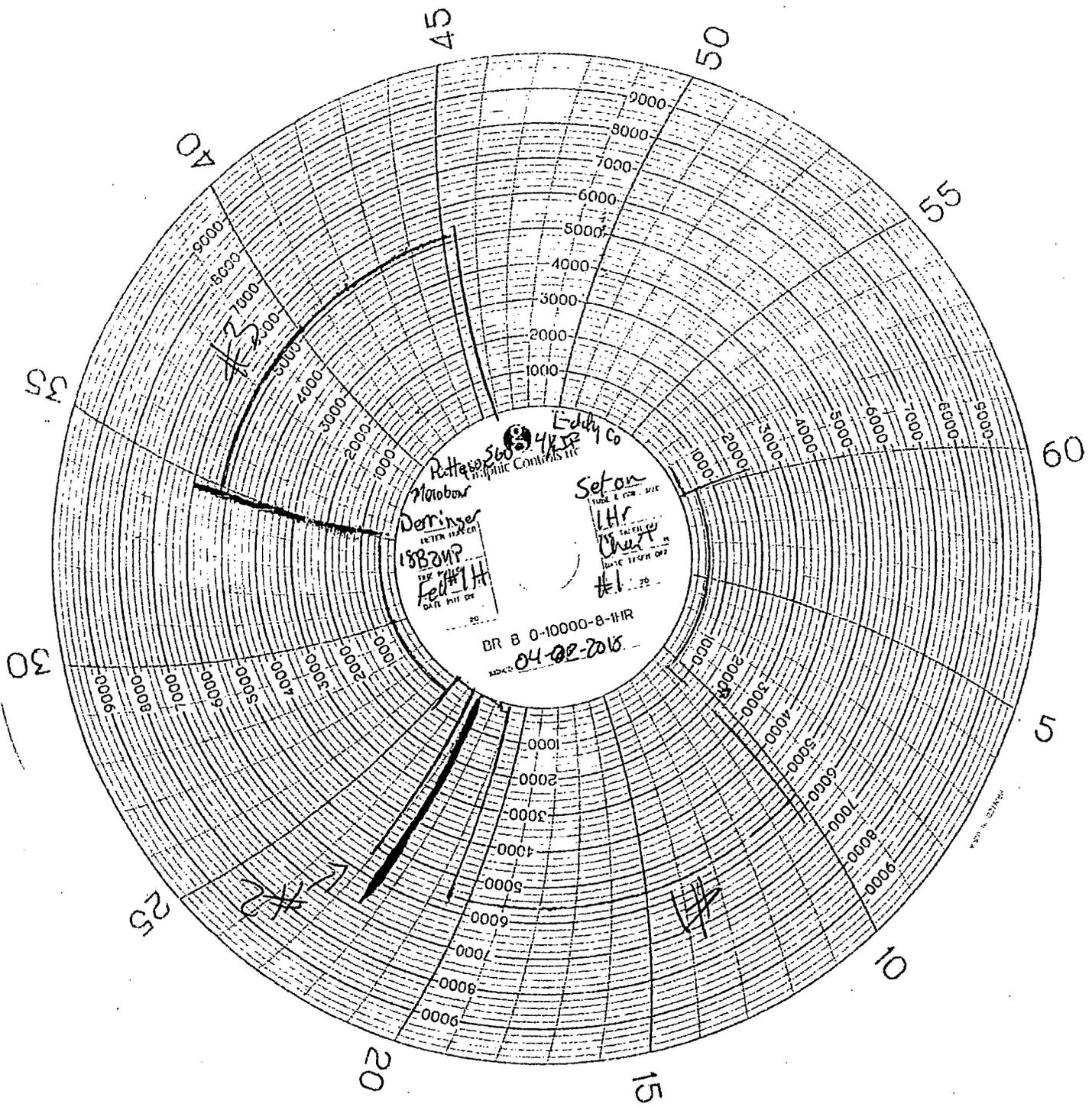
Office BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE

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.

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 ****



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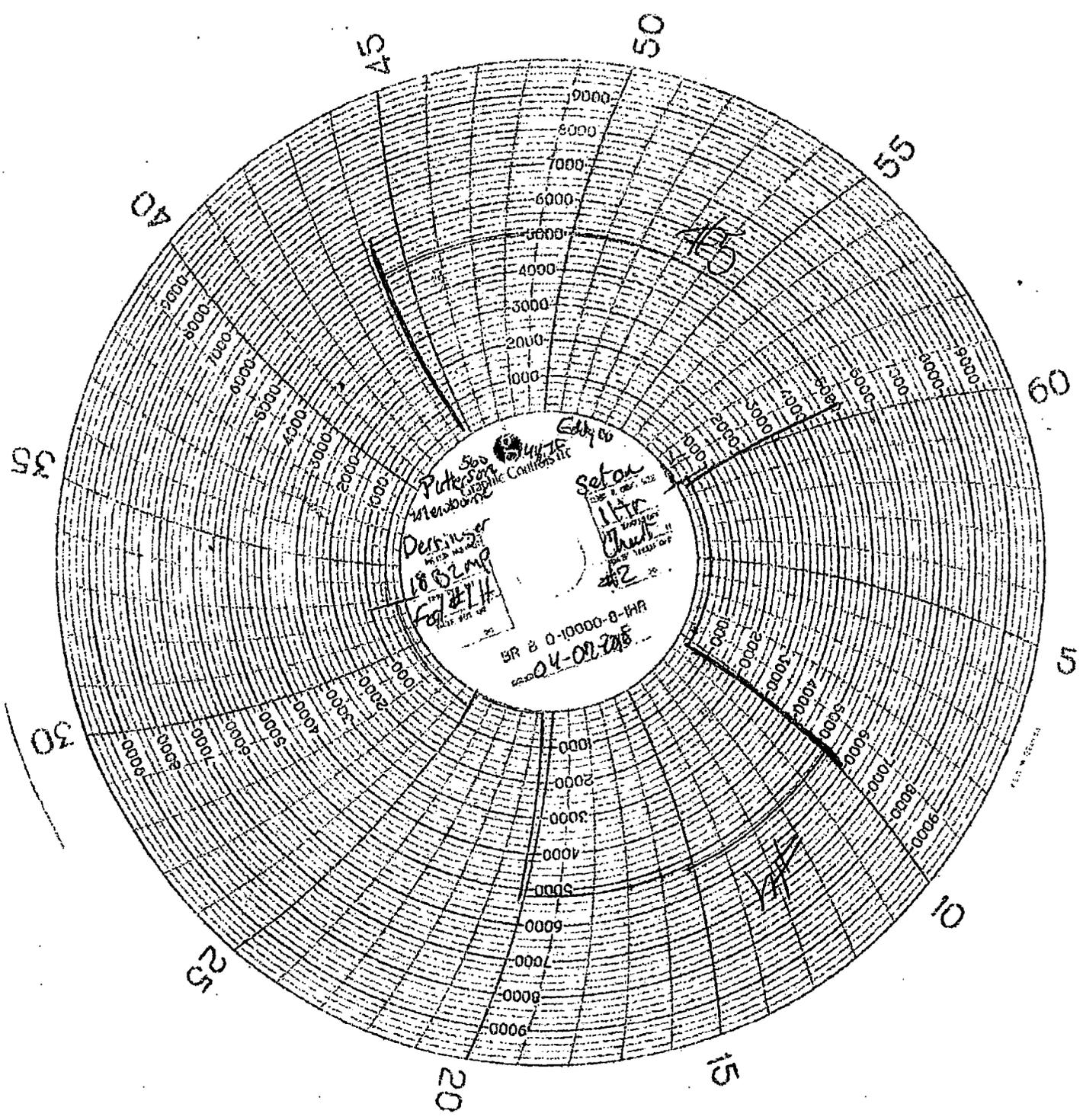
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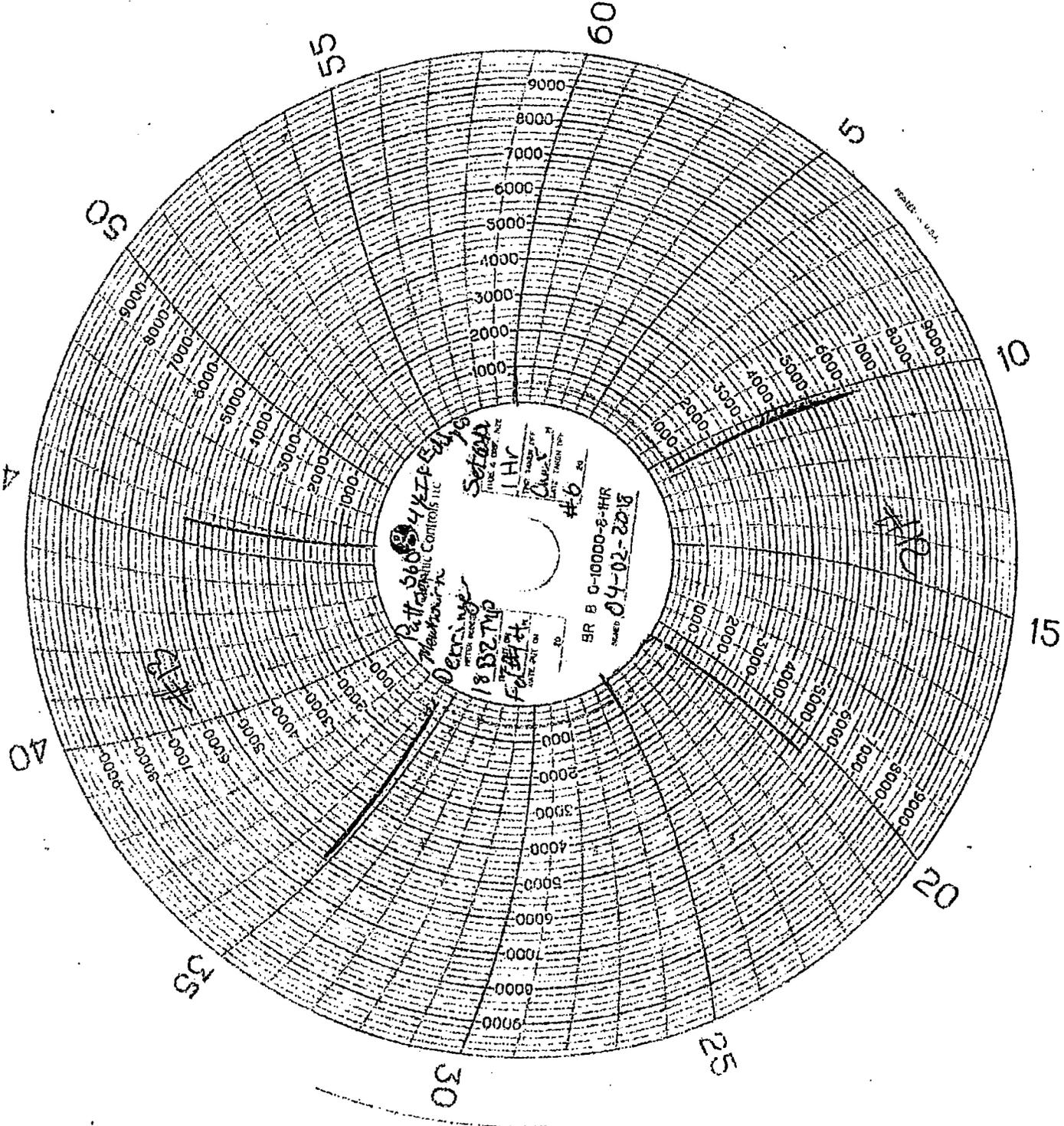
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MADE IN U.S.A.



1753 W. 25th St.

Model 100-1001



5800 RPM
 Petrol Controls LLC
 Memphis, TN
 Denzinger
 18 B2 MP
 F0244
 DATE PUT ON
 SECTION
 TIME & DATE
 11 Hr
 BY
 DATE
 #6
 BR B C-10000-8-HR
 DATE 04-02-2018

#12

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MAN WELDING SERVICES

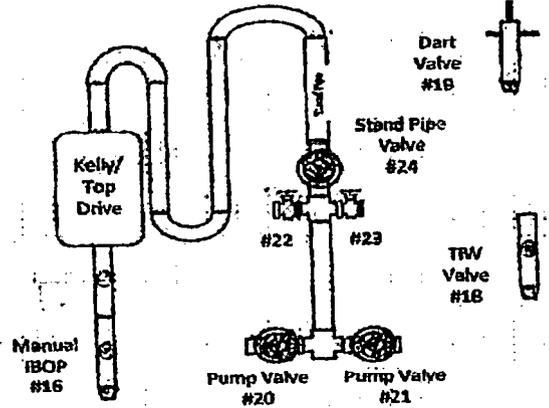
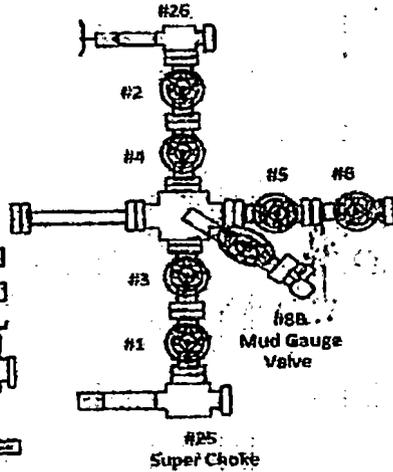
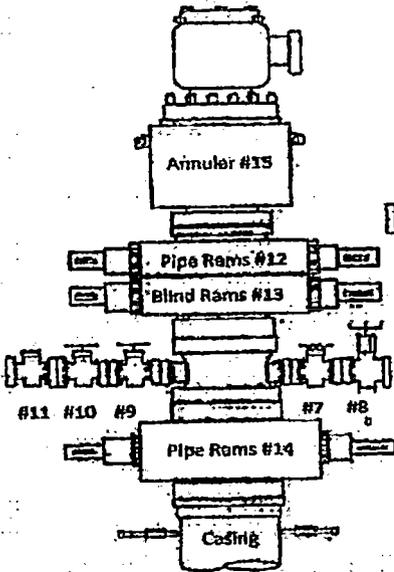
WELDING • BOP TESTING
 NIPPLE UP SERVICE • BOP LIFTS • TANDEM
 MUD AND GAS SEPARATORS
 Lovington, NM • 575-996-4540

Pg. 1 of 1

Company: M. Williams Date: 01/20/10 Invoice # 26693
 Lease: Doninger 18.5/MP/174 Drilling Contractor: Peterson Rig # 266
 Plug Size & Type: 11 Drill Pipe Size: 4 1/4" / 10.75" ID Tester: Thom Cook
 Required BOP: 10 m Installed BOP: 10 m

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	10000	10/10	250	5000	OK
2	10000	10/10	250	5000	OK
3	10000	10/10	250	5000	OK
4	10000	10/10	250	5000	OK
5	10000	10/10	250	5000	OK
6	10000	10/10	250	5000	OK
7	10000	10/10	250	5000	OK
8	10000	10/10	250	5000	OK
9	10000	10/10	250	5000	OK
10	10000	10/10	250	5000	OK
11	10000	10/10	250	5000	OK
12	10000	10/10	250	5000	OK
13	10000	10/10	250	5000	OK
14	10000	10/10	250	5000	OK
15	10000	10/10	250	5000	OK
16	10000	10/10	250	5000	OK

MAN WELDING SERVICES, INC

Company Membrane Date Oct 21 2008

Lease Deeringe 18 1/2" M. Fed III County Lincoln

Drilling Contractor R. H. Simon Plug & Drill Pipe Size 1 1/2" (100)

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. For 3 ram stacks, open the annular to achieve the 50+ % safety factor. (5M and greater systems).
 6. Record remaining pressure 975 psi. Test fails if pressure is lower than required.
 - a. {950 psi for a 1500 psi system} b. {1200 psi for a 2000 & 3000 psi system }
 7. 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 75 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 1:20. 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}