

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTCarlsbad Field Office  
OCD 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.***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. NMNM120353
2. Name of Operator MEWBOURNE OIL COMPANY		6. If Indian, Allottee or Tribe Name
Contact: JACKIE LATHAN E-Mail: jlathan@mewbourne.com		7. If Unit or CA/Agreement, Name and/or No. NMNM138721
3a. Address P O BOX 5270 HOBBS, NM 88241	3b. Phone No. (include area code) Ph: 575-393-5905	8. Well Name and No. PRINCE 31 WODA FED COM 1H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 31 T24S R29E NWNW 800FNL 330FWL 32.178810 N Lat, 104.031174 W Lon		9. API Well No. 30-015-45068-00-X1
		10. Field and Pool or Exploratory Area POKER LAKE-DELAWARE <i>Purple Sage Wolfcamp</i>
		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 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.

10/07/18

Spud 17 1/2" hole @ 430'. Ran 415' of 13 3/8" 54.5# J55 ST&C Csg. Cemented with 500 sks Class C w/1% CaCl<sub>2</sub>. Mixed @ 14.8#/g w/1.34 yd. Displaced w/58 bbls of FW. Plug down @ 4:00 AM 10/08/18. Circ 117 sks of cmt to the cellar. Test BOPE to 5000# & Annular to 3500#. At 6:00 P.M. 10/09/18, tested csg to 1500#, held OK. FIT test to 10.5 PPG EMW. Drilled out with 12 1/4" bit.

Charts &amp; schematic attached.

Bond on file: NM1693 nationwide &amp; NMB000919

ENTERED  
4-23-19

RECEIVED

JAN 10 2019

Accepted For Record

NMOCD

DISTRICT II-ARTESIA O.C.D.

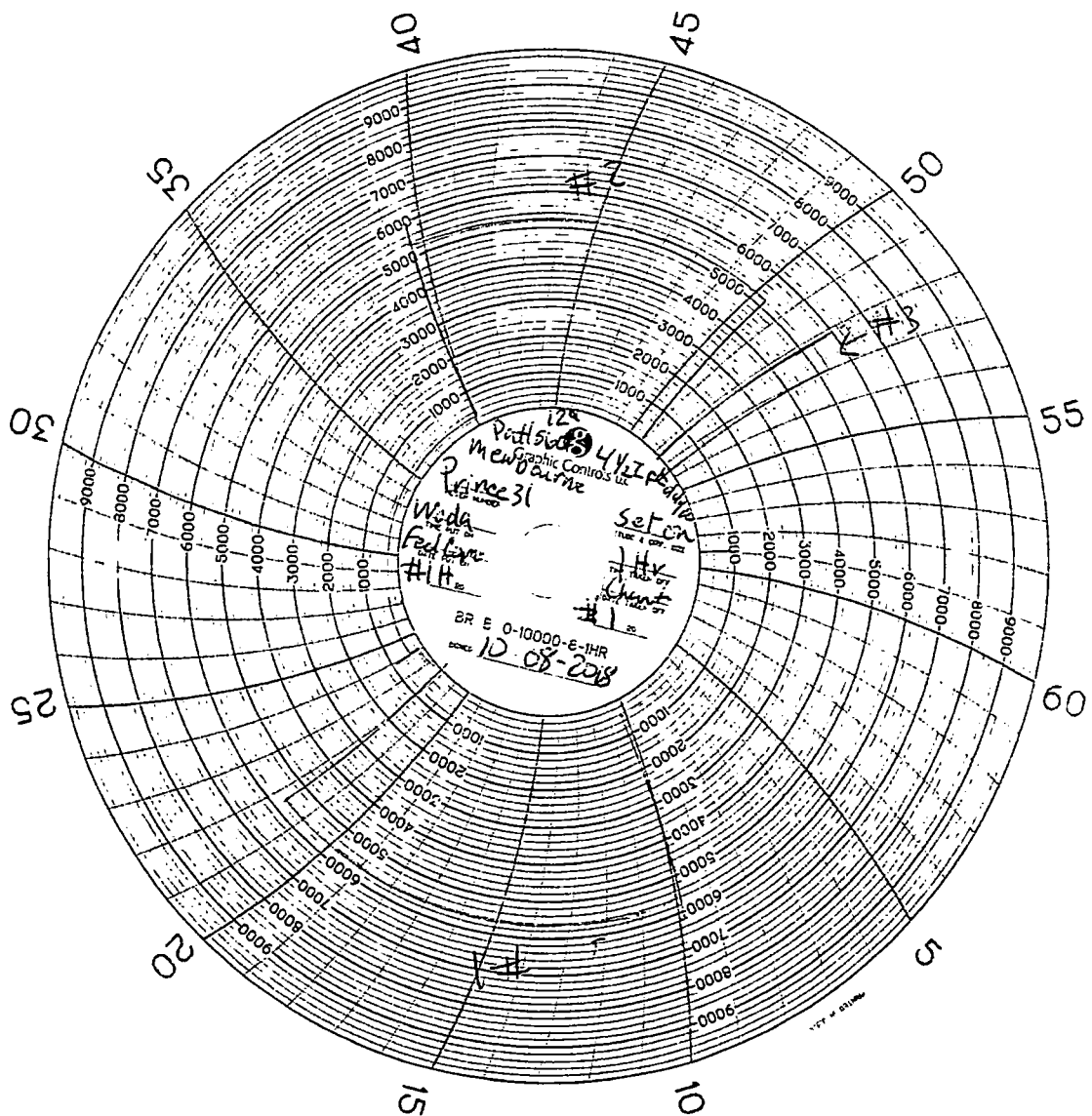
14. I hereby certify that the foregoing is true and correct. Electronic Submission #448210 verified by the BLM Well Information System For MEWBOURNE OIL COMPANY, sent to the Carlsbad Committed to AFMSS for processing by PRISCILLA PEREZ on 12/18/2018 (19PP0661SE)	
Name (Printed/Typed) RUBY O CABALLERO	Title REGULATORY
Signature (Electronic Submission)	Date 12/18/2018

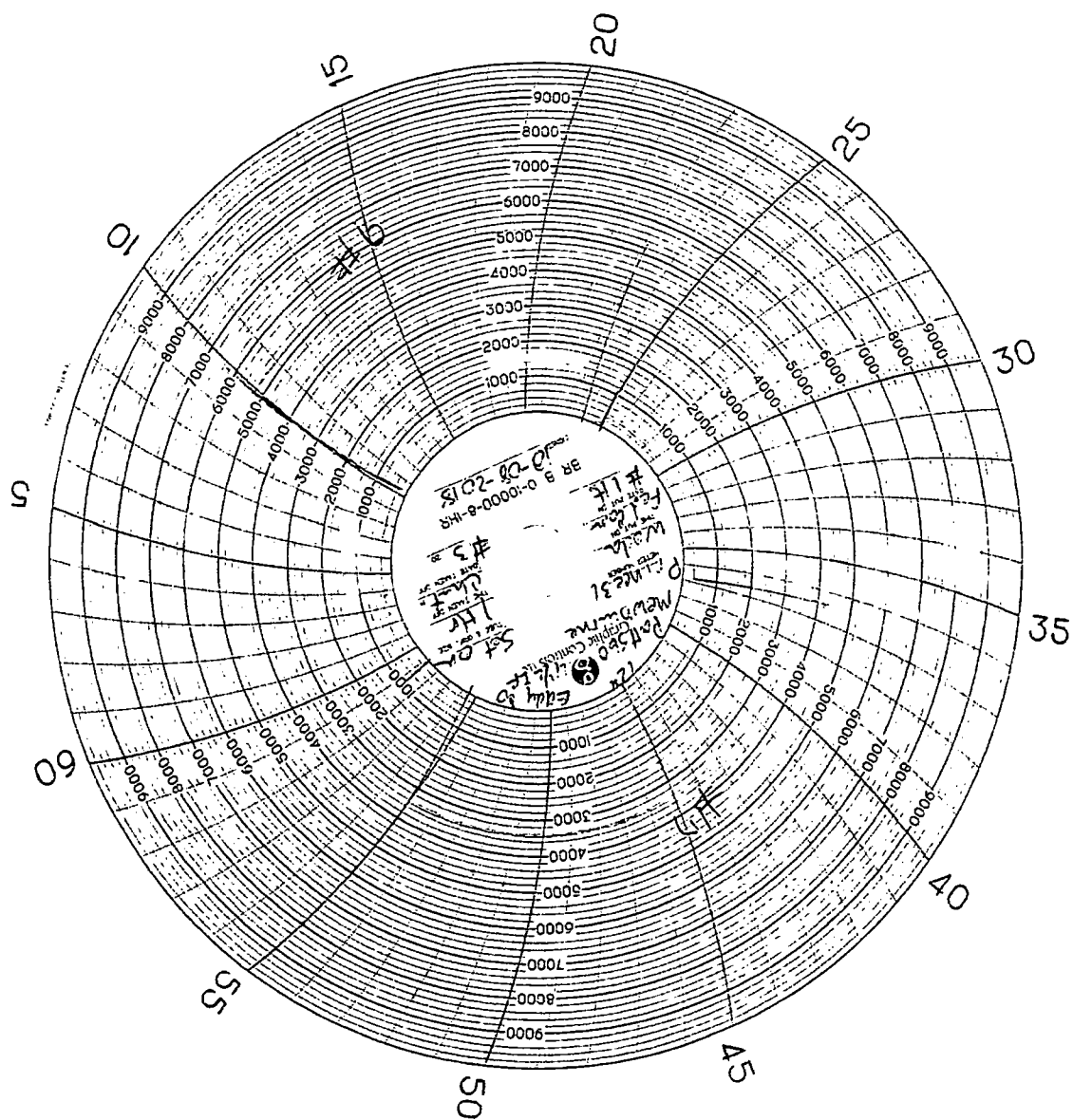
**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

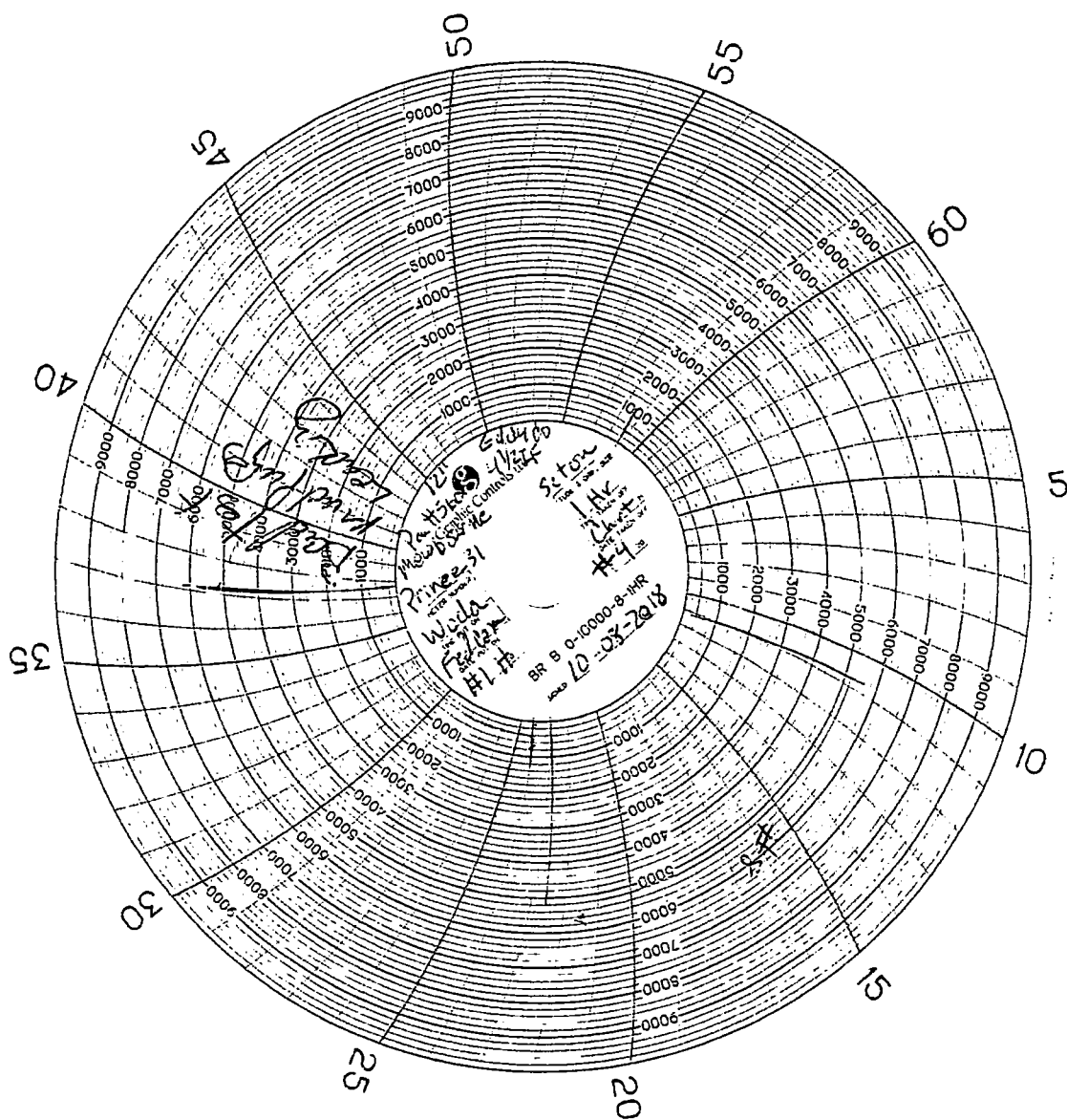
Approved By _____	Title _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		/s/ Jonathon Shepard
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.		Office _____

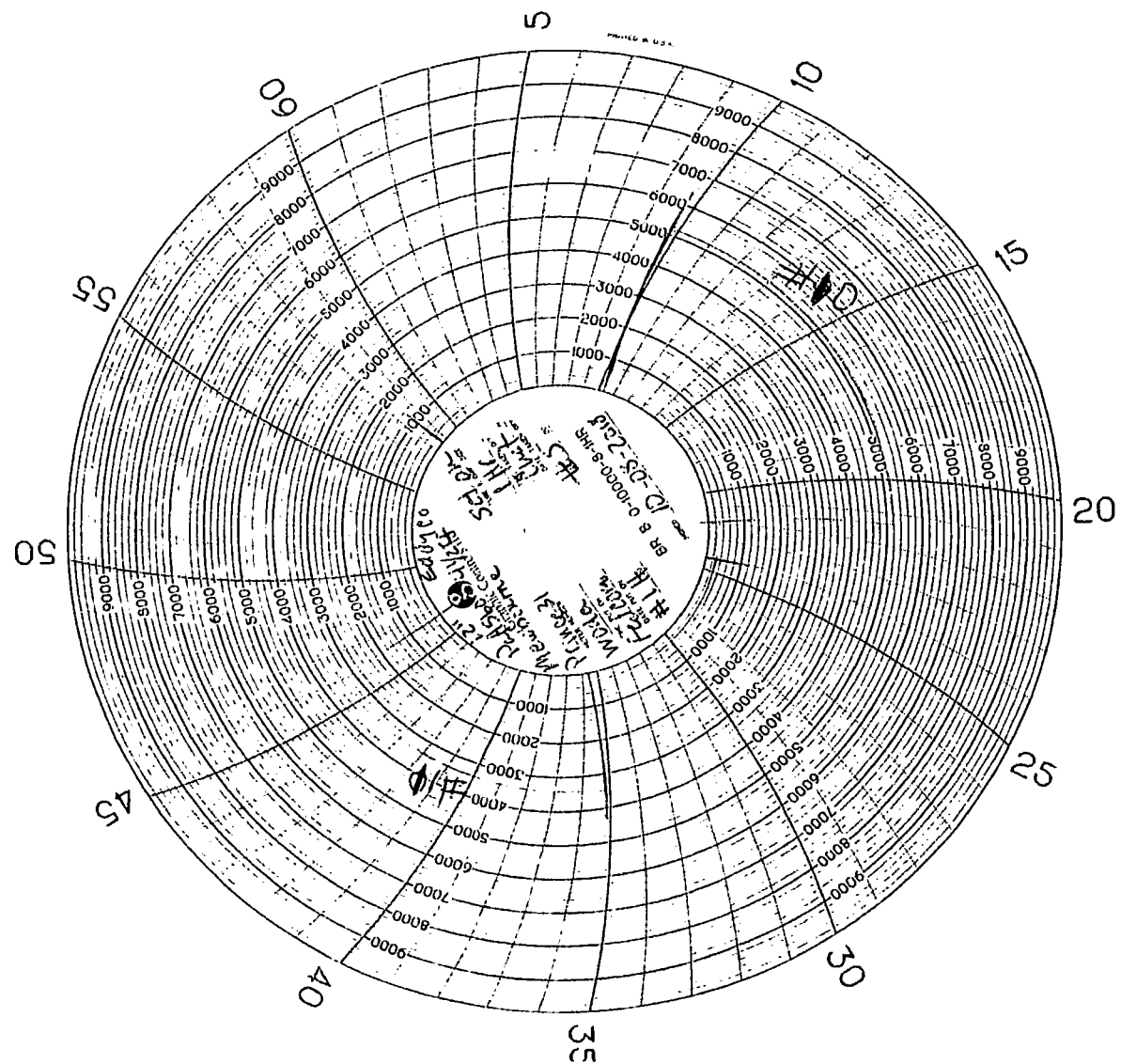
(Instructions on page 2)

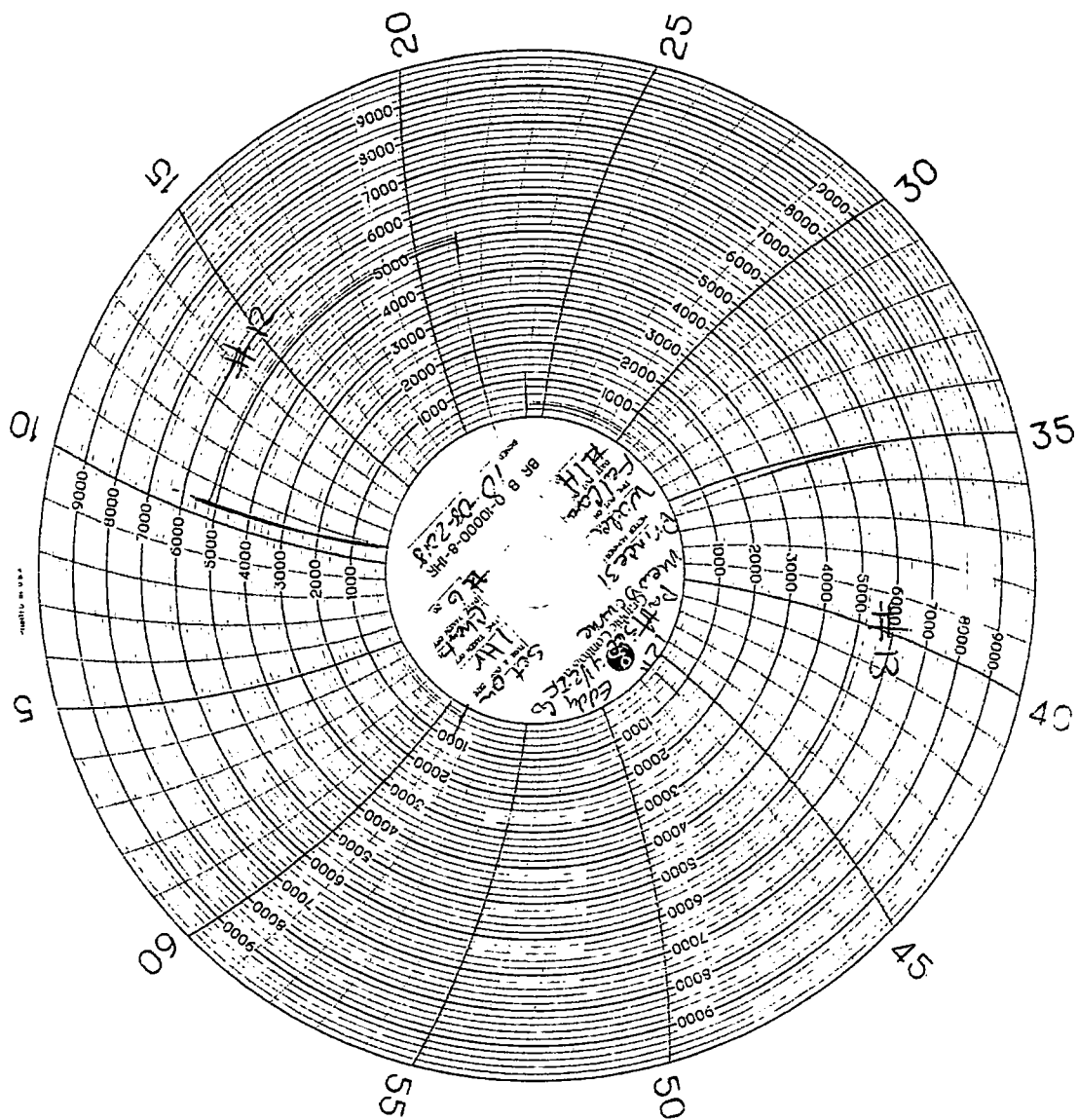
**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***

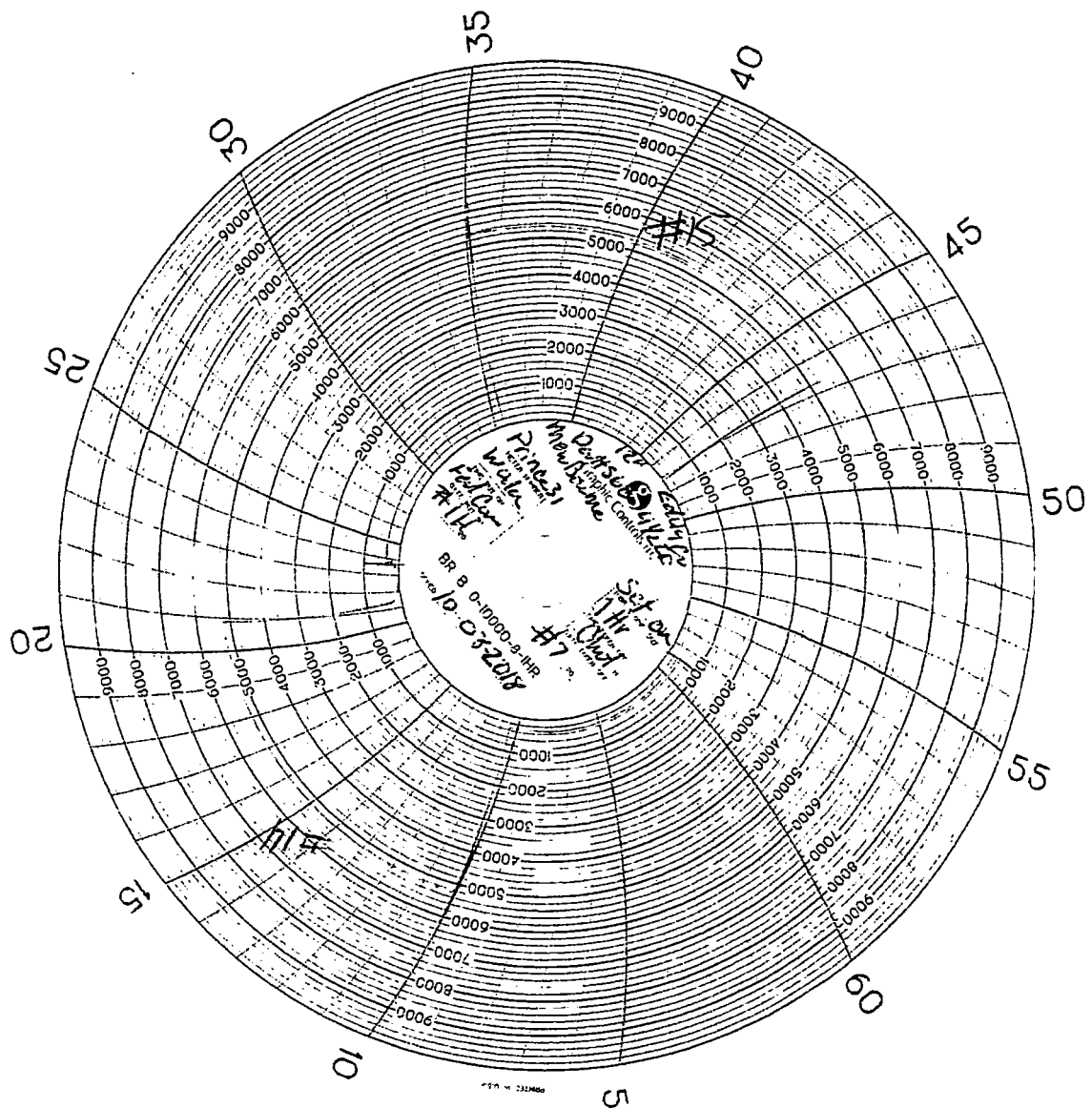












# MAN WELDING SERVICES, INC.

Company Mewbourne Date 10-8-18

Lease Prince 31 WOODA F-0.com #14 County Endry NM

Drilling Contractor Harrison 560 Plug & Drill Pipe Size 12" 4.5 IF

Accumulator Pressure: 3000 Manifold Pressure: 1500 Annular Pressure: 1200

## 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 1700 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 1200 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 5 min, 15 sec 20 sec. 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}





# MAINTENANCE REPORT BOP CONTROL SYSTEM

Invoice #: \_\_\_\_\_ Date 10-8-18  
Customer PATTERSON DRILLING Rig No. 560

Type Unit BOP CONTROL UNIT Unit S/N \_\_\_\_\_

1. Accumulators 24 Size 11 Bag Type ☒ Float \_\_\_\_\_  
Accumulator Precharge Pressure 1000 PSI

2. Accumulator Isolation Valves ☒

3. Accumulator Relief Valve 3300psi ☒

4. Air Fliter N/A Clean Every 30 Days \_\_\_\_\_

5. Air Lubricator ☒ Use SAE 10 Oil \_\_\_\_\_

6. Air Pressure Gauge ☒ 0-300psi ☒

7. Air Pressure Switch ☒ Set @ 2700psi ☒

8. Air Pressure Switch Bypass Valve ☒ Normally Closed ☒

9. Air Supply Valves To Air Pump ☒ Normally Open ☒

10. Suction Valve ☒ Air Operated Pump ☒ Normally Open ☒

11. Suction Strainer ☒ Air Operated Pump ☒ Clean Every 30 Days ☒

12. Air Operated Pump ☒ Type UNKNOWN Ratio UNKNOWN No. \_\_\_\_\_

13. Discharge Check Valve ☒ Type BALL Size 1-1/2"

14. Additional Pump Type and Make ☒ A. Simplex \_\_\_\_\_

B. Duplex \_\_\_\_\_ C. Triplex ☒ D. Other \_\_\_\_\_

Power Source A. Electric ☒ Volts PART OVER B. Gasoline \_\_\_\_\_

C. Diesel \_\_\_\_\_ D. Other \_\_\_\_\_

15. PUMP Drive ☒ Chain ☒ V-Belt \_\_\_\_\_ Other \_\_\_\_\_

16. Explosion Proof Electric Motor N/A H.P. \_\_\_\_\_ Frame \_\_\_\_\_

17. Electric Pressure Switch \_\_\_\_\_ Type \_\_\_\_\_

18. Electric Motor Starter ☒ Type WEG Size 3PH 60 HZ

19. Suction Valve ☒ Type BALL Size \_\_\_\_\_

20. Suction Strainer ☒ Clean Every 30 Days - Type ☒

21. Discharge Check Valve ☒ Type BALL Size 1 1/2"

22. Isolation Valve ☒ Type BALL Size \_\_\_\_\_

23. High Pressure Strainer \_\_\_\_\_ Clean Every 30 Days \_\_\_\_\_

Type \_\_\_\_\_ Size \_\_\_\_\_

24. Manifold Regulator ☒ Type KR 75

25. Manifold Regulator Bypass Valve ☒

26. 4 Way Control Valves ☒ Type 4 WAY MANUAL Size 1"

27. Manifold Relief Valve ☒ Set @ 3300psi - Type MANUAL Size 1/4"

28. Manifold Bleeder Valve ☒ Type MANUAL Size 1/4" No. \_\_\_\_\_

29. Accumulator Pressure Gauge ☒ Type ANAL Size and Pressure 5" 1K

30. Annular Regulator ☒ Manual ☒ Air ☒ Hydraulic \_\_\_\_\_

31. Manifold Pressure Gauge ☒ Type ANAL Size and Pressure 6" 6K

32. Annular Pressure Gauge ☒ Type ANAL Size and Pressure 6" 3K

33. Pressure Transmitter \_\_\_\_\_ Annular \_\_\_\_\_ Manifold \_\_\_\_\_

Air Regulator F/Above \_\_\_\_\_ Type \_\_\_\_\_ Size \_\_\_\_\_ No. \_\_\_\_\_

34. Air Junction Box ☒ Type ANAL No. Of Lines \_\_\_\_\_

35. Driller's Control Panel ☒ Type \_\_\_\_\_ No. Of Valves \_\_\_\_\_

Valve Type \_\_\_\_\_ Size \_\_\_\_\_

Transmitter Gauges \_\_\_\_\_ Type \_\_\_\_\_ Size \_\_\_\_\_

Air Gauge \_\_\_\_\_ Type \_\_\_\_\_ Size \_\_\_\_\_

Auxiliary Remote Panel \_\_\_\_\_ Type \_\_\_\_\_ No. Of Valves \_\_\_\_\_

Junction Box \_\_\_\_\_ Type \_\_\_\_\_ Hose Size \_\_\_\_\_

Items Not Mentioned Above: \_\_\_\_\_

Remarks:

Vijay K. KASUBI  
MEYER Representative

[Signature]  
Company Representative  
John (Vijay) 325-226-1941  
Printed Name and Contact Phone Number

Man Welding Services Inc.					
BOP TEST SHEET					
10-8-18		Patterson 560			
Mewbourne		B91033			
Paul Dieck					
Test #	Components Tested	Minutes Held (Low/High)	Low PSI	High PSI	Pass/Fail
1	Truck Test	10/10	250	5000	Pass
2	Chock Man Eld Outside Valve 1, 2, 6, 9	10/10	250	5000	Pass
3	Bump Test 25, 26, 28	10/10	250	5000	Pass
4	Upper Rams Outside Kill Line HCR Valve	10/10	250	5000	Pass
5	Upper Rams Inside Kill at Muzzle HCR Valve	10/10	250	5000	Pass
6	Upper Rams Outside Kill at Muzzle HCR Valve	10/10	250	5000	Pass
7	Hydril 11 Outside Kill at Muzzle HCR Valve	10/10	250	3500	Pass
8	Testing Blows on Outside Kill Valve	10/10	250	5000	Pass
9	Upper Rams 4" Valve 2" Mastal Pipe	10/10	250	5000	Fail
10	Standpipe Top Pipe Rams 4"	10/10	250	5000	Pass
11	Hydril 11 Ad Outside Kill Valve 4" Muzzle	10/10	250	3500	Pass
12	Re-test Mud pump 4" Top Ram	10/10	250	5000	Pass
13	4" Dwyer Valve	10/10	250	5000	Pass
14	4" T.I.V. Valve	10/10	250	5000	Pass
15	Lower P.P. Rams 7" Valves 5"	10/10	250	5000	Pass

Chevron Representative Signature: \_\_\_\_\_

Rig Supervisor Signature: \_\_\_\_\_

Contract Testing Representative Signature: \_\_\_\_\_

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FIW

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