

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

|   |
|---|
| WELL API NO.<br>30-015-44803  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>Skynyrd 2 W0DM Fee  |
| 8. Well Number 2H   |
| 9. OGRID Number<br>14744  |
| 10. Pool name or Wildcat<br>Purple Sage; Wolfcamp (gas)   |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3016' GL                                      |

|  |  |
|--|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)         |  |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other  |  |
| 2. Name of Operator<br>Mewbourne Oil Company   |  |
| 3. Address of Operator<br>PO Box 5270, Hobbs NM 88240  |  |
| 4. Well Location<br>Unit Letter <u>D</u> : <u>175</u> feet from the <u>North</u> line and <u>1310</u> feet from the <u>West</u> line<br>Section <u>2</u> Township <u>24S</u> Range <u>28E</u> NMPM Eddy County |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3016' GL   |  |

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

| NOTICE OF INTENTION TO:                        |   | SUBSEQUENT REPORT OF:                                 |  |
|--|---|---|--|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>                | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>      | P AND A <input type="checkbox"/>         |
| PULL OR ALTER CASING <input type="checkbox"/>  | MULTIPLE COMPL <input type="checkbox"/>   | CASING/CEMENT JOB <input checked="" type="checkbox"/> |  |
| DOWNHOLE COMMINGLE <input type="checkbox"/>    |   |   |  |
| CLOSED-LOOP SYSTEM <input type="checkbox"/>    |   |   |  |
| OTHER: <input type="checkbox"/>                |   | OTHER: <input type="checkbox"/>                       |  |

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

08/12/18

TD'ed 8 3/4" hole @ 9880'. Ran 9865' of 7" 29# HCP110 LT&C Csg. Cemented w/275 sks Class C w/additives. Mixed @ 9.8#/g w/3.64 yd. Followed w/100 sks Lite Class C (60:40:0) w/additives. Mixed @ 11.5#/g w/2.58 yd. Tail w/400 sks Lite Class H (50:50:2) w/additives. Mixed @ 14.2#/g w/1.26 yd. Displaced w/364 bbls OBM. Plug down @ 12:00 AM 08/14/18. Circ 96 sks of cmt to the pits. Set Cameron mandrel hanger through BOP w/180k#. At 1:45 PM 08/14/18, tested csg to 1500# 30 mins, held OK. FIT test to 12.5 PPG EMW. Drilled out with 6 1/8" bit.

08/18/2018

TD'ed 6 1/8" hole @ 14305' MD. Ran 14265' of 4 1/2" 13.5# HCP110 LT&C csg. Cmt w/300 sks Lite Class C (60:40:0) w/additives. Mixed @ 11.5#/g w/2.58 yd. Released dart. Displaced w/175 bbls FW. Plug down @ 2:30 A.M. 08/20/18. Bump plug w/3600#. Set packer w/80k#. & release from liner. Displaced 7" csg w/210 bbls FW. Circ 119 sks of cmt off of liner top to the pit. At 3:45 A.M., 08/20/18, test liner top to 1500# for 30 mins, held OK. Top of liner @ 9133'

Rig released on 08/20/18 @ 5:00 PM

RECEIVED

Spud Date: 08/03/2018

Rig Release Date: 08/20/2018

SEP 06 2018

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

DISTRICT II-ARTESIA O.C.D.

SIGNATURE Ruby Caballero TITLE Regulatory DATE 8/31/18

Type or print name Ruby Caballero E-mail address: rcaballero@mewbourne.com PHONE: 575-393-5905

For State Use Only

APPROVED BY: [Signature] TITLE State Reg DATE 9-7-18  
Conditions of Approval (if any):