

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Carlsbad Field Office

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.  
NMLC061497

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
FULLER 13/24 W1KN FED COM 1H9. API Well No.  
30-015-45330-00-X110. Field and Pool or Exploratory Area  
PURPLE SAGE-WOLFCAMP (GAS)11. County or Parish, State  
EDDY COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on page 2**

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

P O 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 13 T26S R29E SWNE 2500FNL 2515FEL  
32.042713 N Lat, 103.935257 W Lon**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

## TYPE OF SUBMISSION

- ☐
- Notice of Intent
- 
- ☒
- Subsequent Report
- 
- ☐
- Final Abandonment Notice

## TYPE OF ACTION

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen               | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off   |
| <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Hydraulic Fracturing | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity   |
| <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 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.

06/10/2019

Spud 17 1/2" hole. TD 17 1/2" hole @ 600'. Ran 588' of 13 3/8" 54.5# J55 ST&C Csg. Cemented with 350 sks Class C w/additives. Mixed @ 13.5#/g w/1.65 yd. Tail w/200 sks Class C w/2% CaCl2. Mixed @ 14.8#/g w/1.34 yd. Dislaced w/85 bbls FW. Plug down @ 12:15 AM 06/11/19. Circ 119 sks of cmt to the pit. Tested BOPE w/5000# & Annular to 3500#. At 2:45 A.M. 06/12/19, tested csg to 1500# for 30 mins, held OK. FIT test to 10.0 PPG EMW. Drilled out with 12 1/4" bit.

Copy of chart &amp; schematic attached.

Bond on file: NM1693 &amp; NMB000919

NM OIL CONSERVATION  
ARTESIA DISTRICT

AUG 21 2019

GC 8/22/19  
Accepted for record - NMOCD

RECEIVED

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #474137 verified by the BLM Well Information System  
For MEWBOURNE OIL COMPANY, sent to the Carlsbad  
Committed to AFMSS for processing by PRISCILLA PEREZ on 07/18/2019 (19PP2852SE)

Name (Printed/Typed) JACKIE LATHAN

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 07/18/2019

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

Approved By

Title

Accepted for Record

JUL 25 2019  
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.

Office

Jonathon Shepard  
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)

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



**MAN**  
WELDING SERVICES

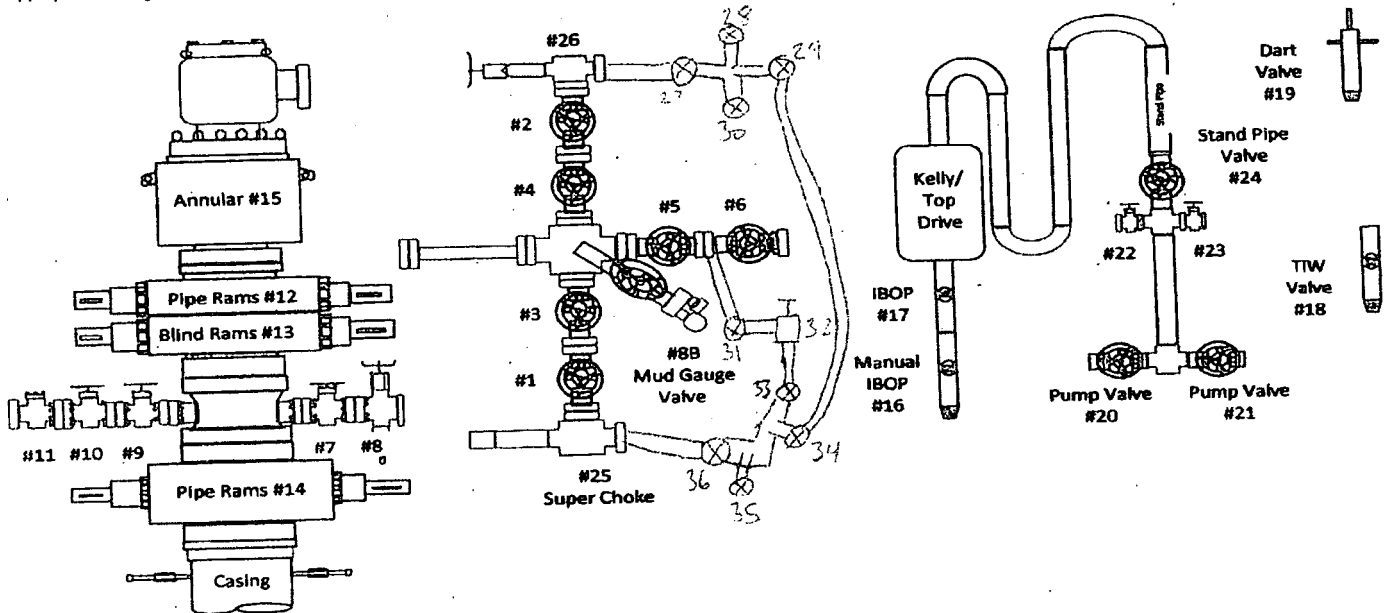
WELDING • BOP TESTING  
NIPPLE UP SERVICE • BOP LIFTS • TANDEM  
MUD AND GAS SEPARATORS  
Lovington, NM • 575-398-4540

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

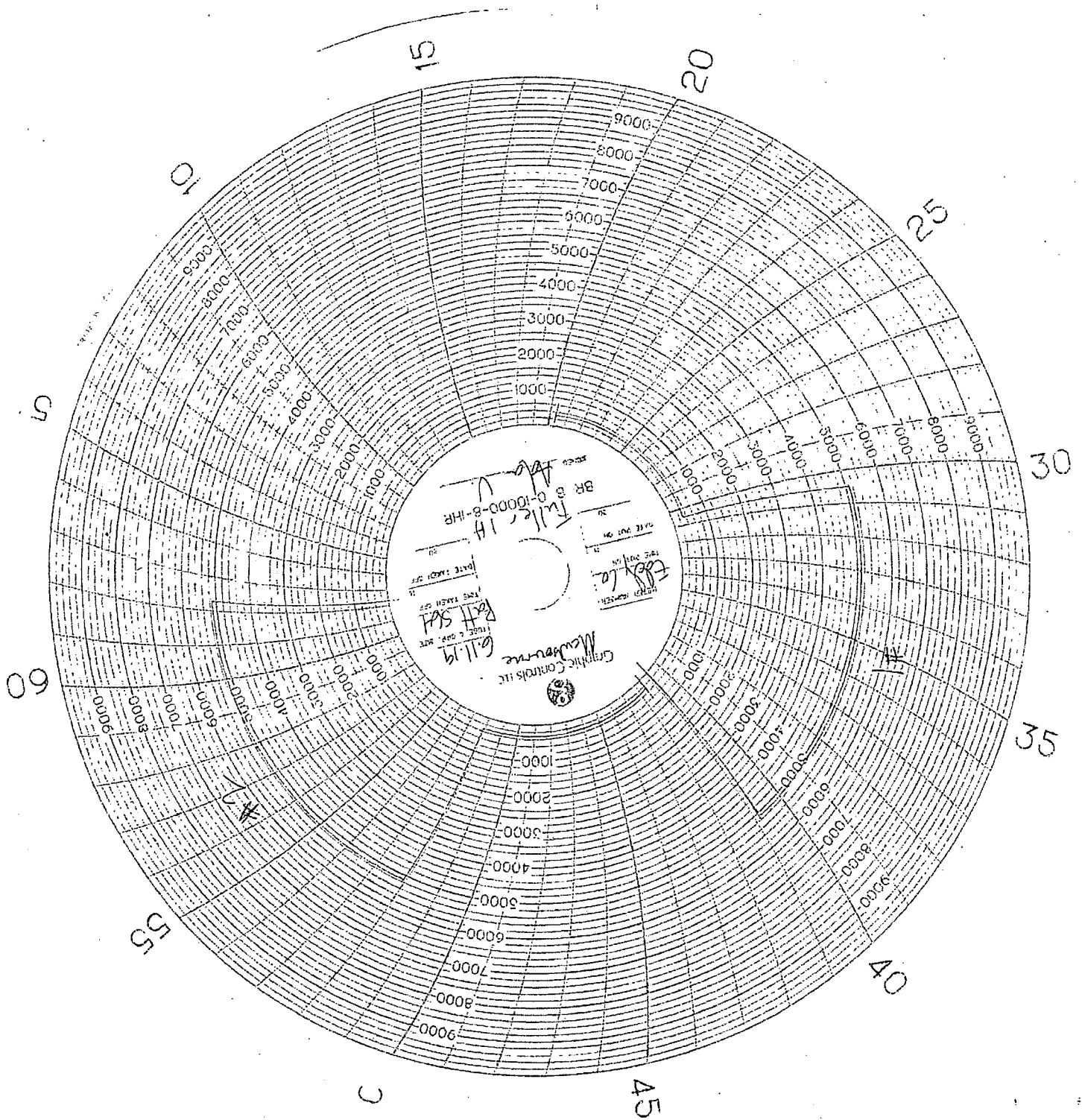
Company: Newhouse Date: 6.11.19 Invoice #: BO93001  
Lease: Fuller 13/4 WIKN Fed 1m 1H Drilling Contractor: Patterson Rig #: 564  
Plug Size & Type: 12" C22 Drill Pipe Size: 4 1/2 IF/XT39 Tester: Adam Vaigts  
Required BOP: \_\_\_\_\_ Installed BOP: \_\_\_\_\_

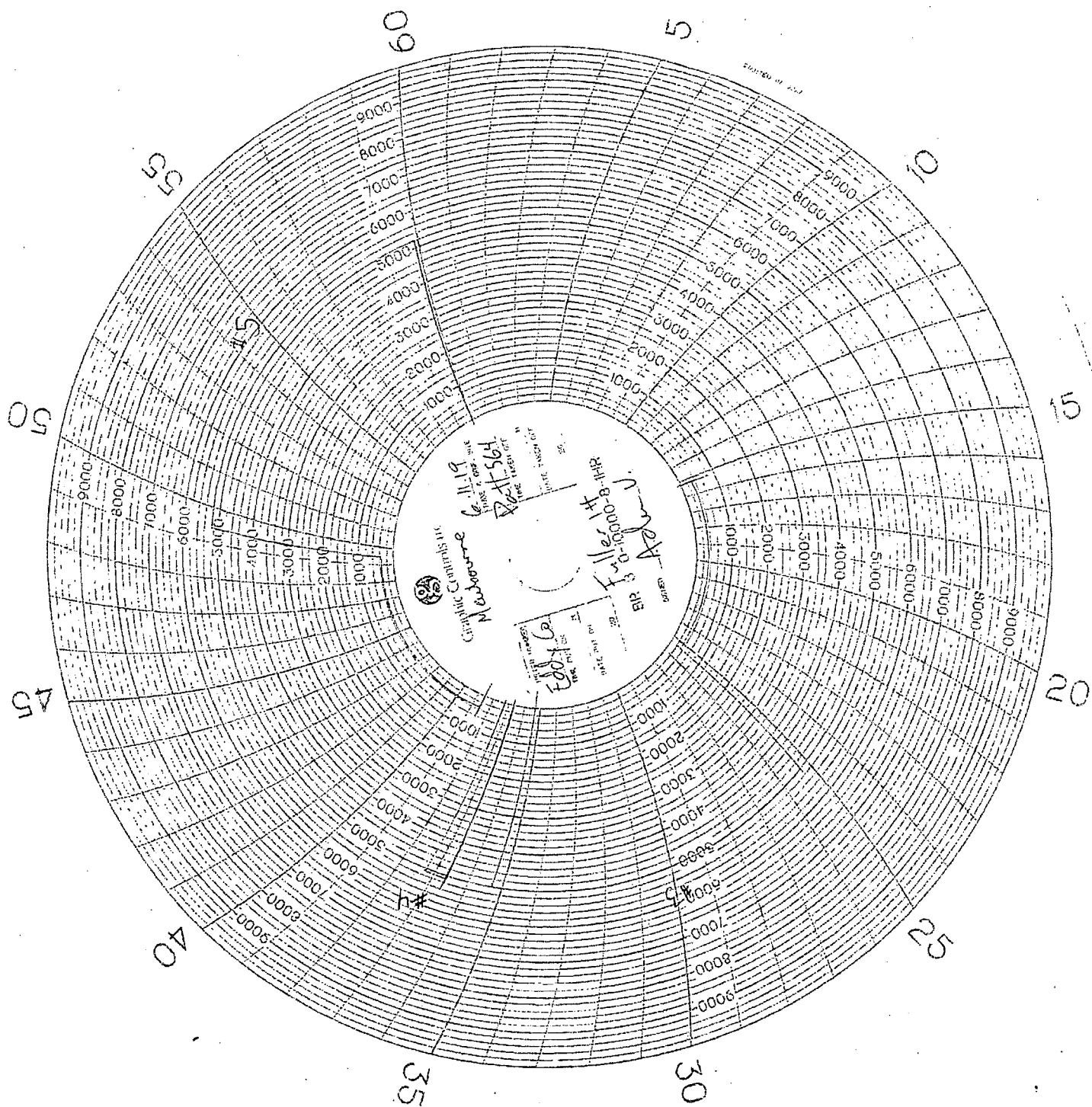
\*Appropriate Casing Valve Must Be Open During BOP Test \*

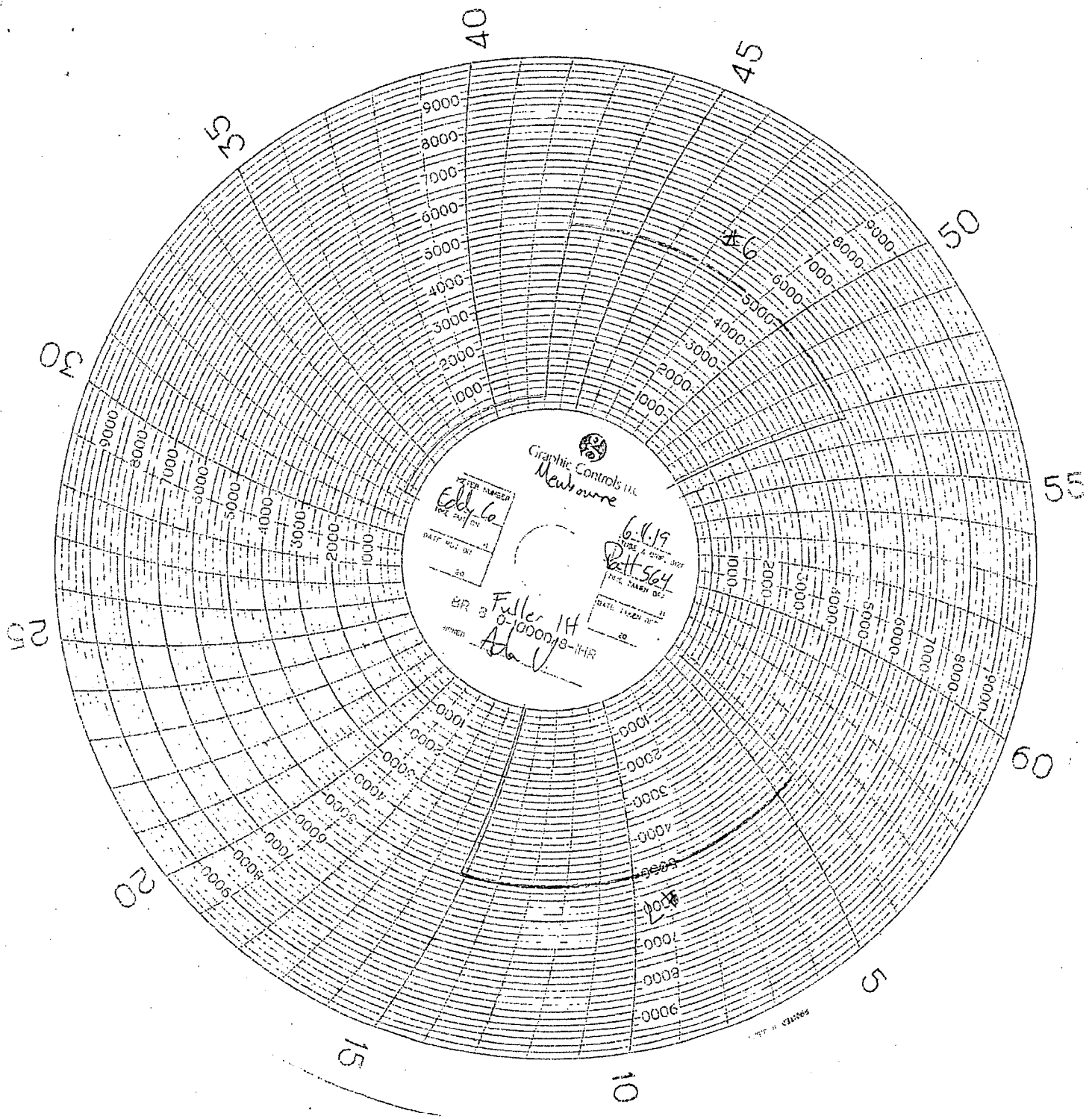
\* Check Valve Must Be Open/Disabled To Test Kill Line Valves \*

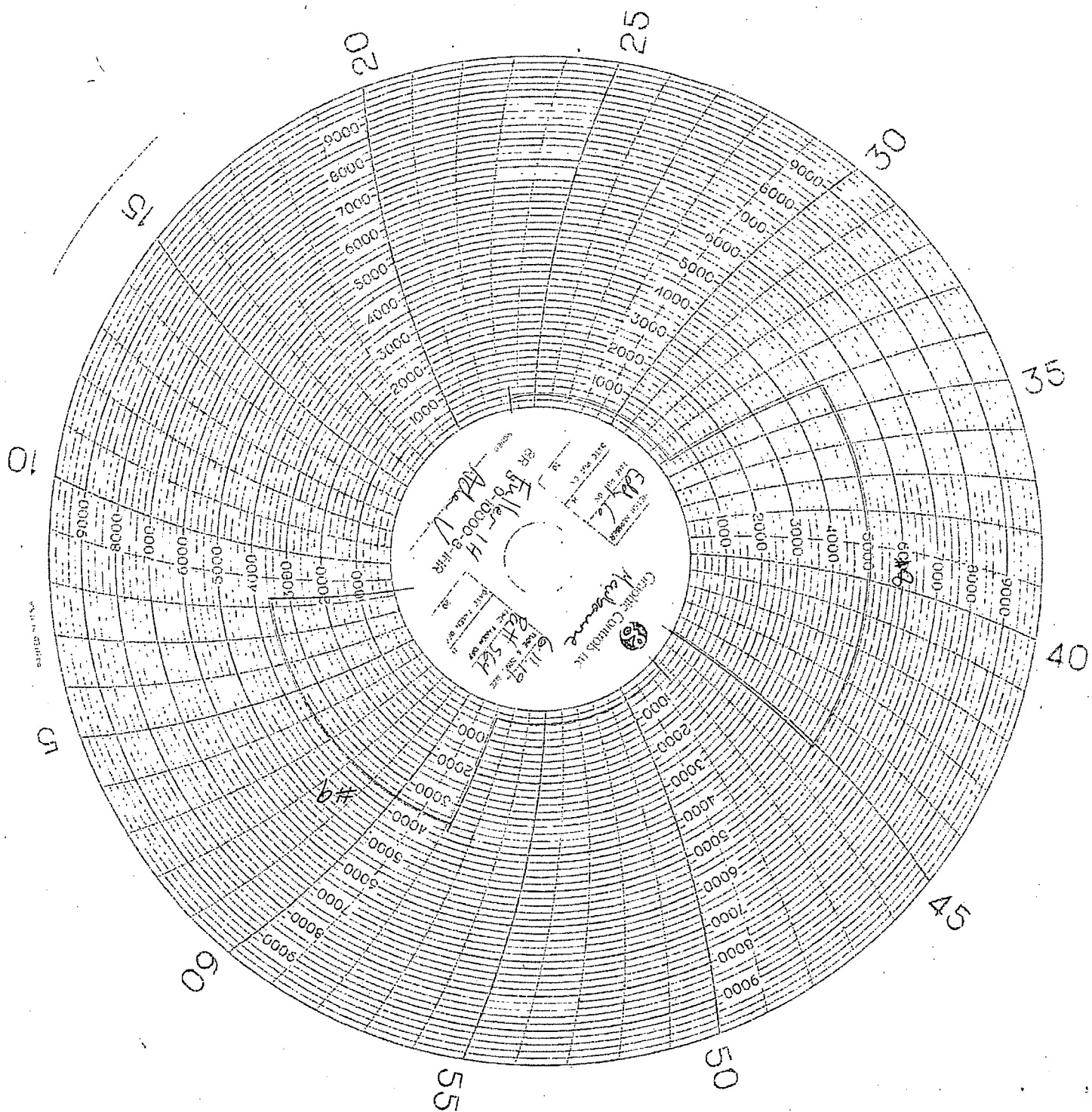


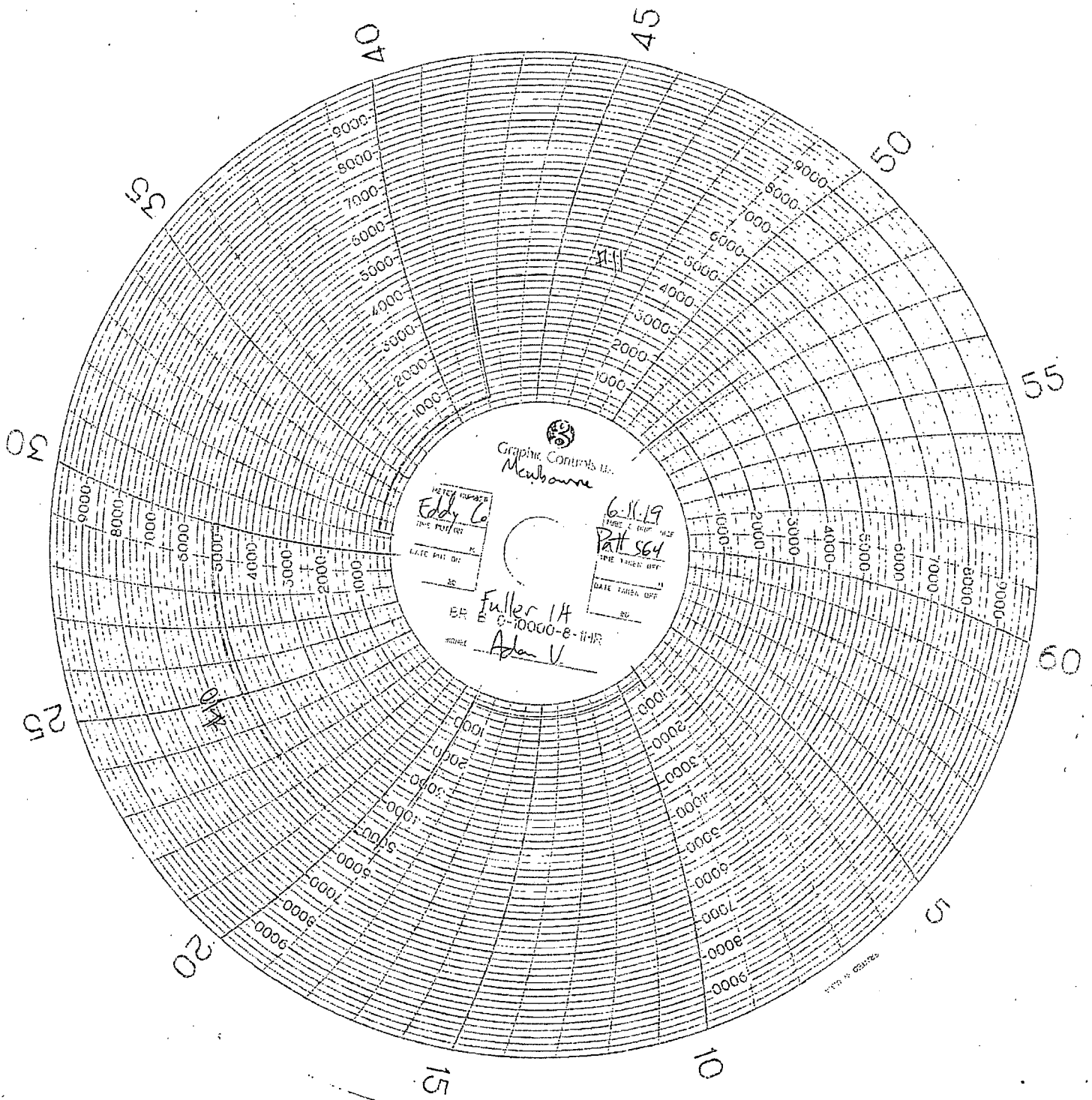
TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1	TRUCK	10/10	250	5000	PASS
2	12, 10, 29, 29, 30, 6, 34, 35	10/10	250	5000	PASS
3	12, 9, 27, 33, 36, 6, 8b	10/10	250	5000	PASS
4	12, 9, 26, 25, 32, 6, 8b	PUMP	TEST	5000	PASS
5	12, 9, 1, 2, 6, 31, 8b	10/10	250	5000	PASS
6	12, 9, 8, 19	10/10	250	5000	PASS
7	12, 9, 7, 18	10/10	250	5000	PASS
8	14	10/10	250	5000	PASS
9	15, 9, 7	10/10	750	3500	PASS
10	12, 9, 7, 19	10/10	250	5000	PASS 5"
11	15, 9, 7, 18	10/10	250	3500	PASS 5"
12	14, 18	10/10	250	5000	PASS 5"
13	20, 21, 22, 23	10/10	250	5000	PASS
14	24	10/10	750	5000	PASS
15	17	10/10	250	5000	PASS
16	16	10/10	250	5000	PASS
17	13, 11, 3, 4, 5	10/10	250	5000	PASS

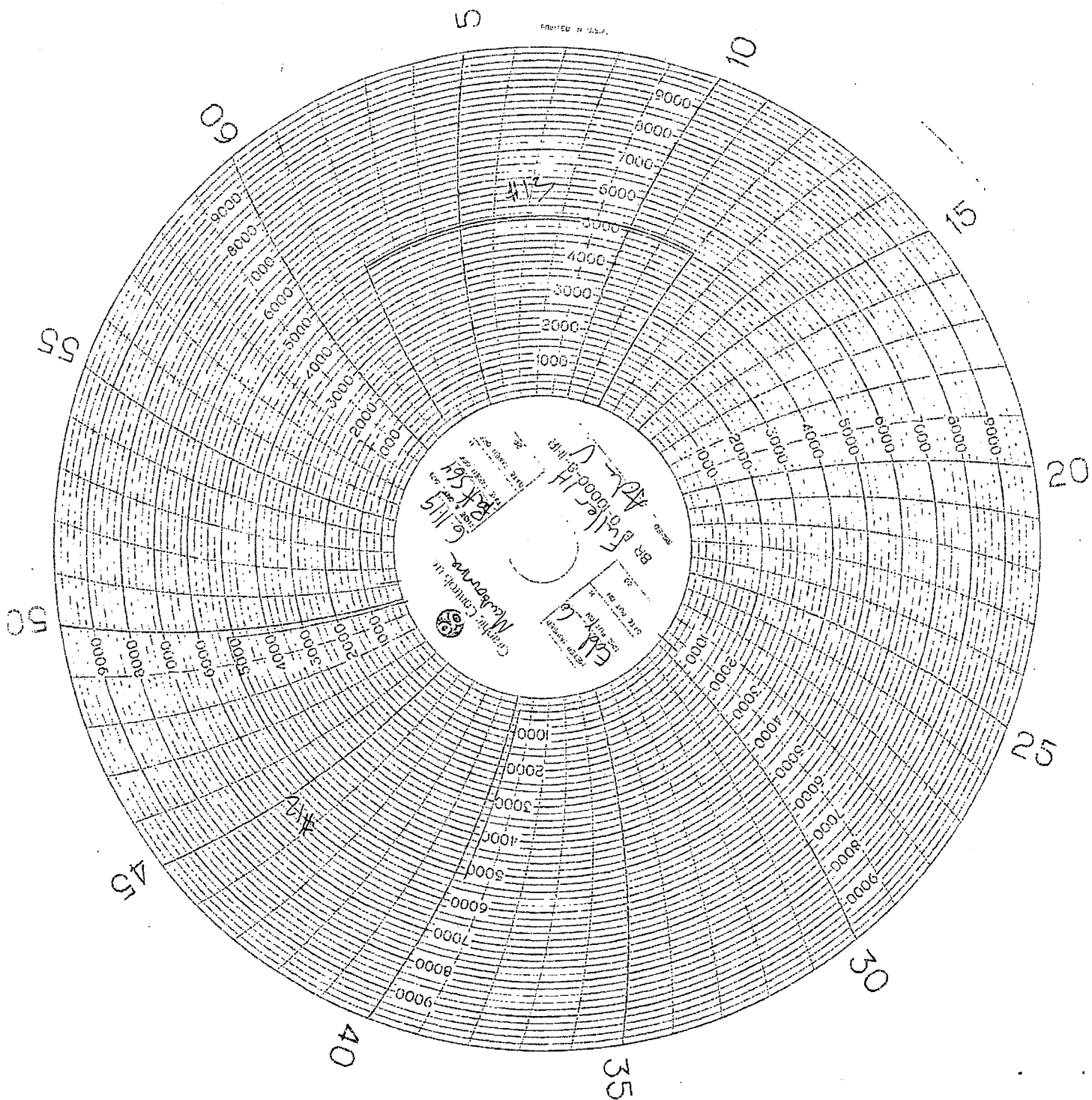




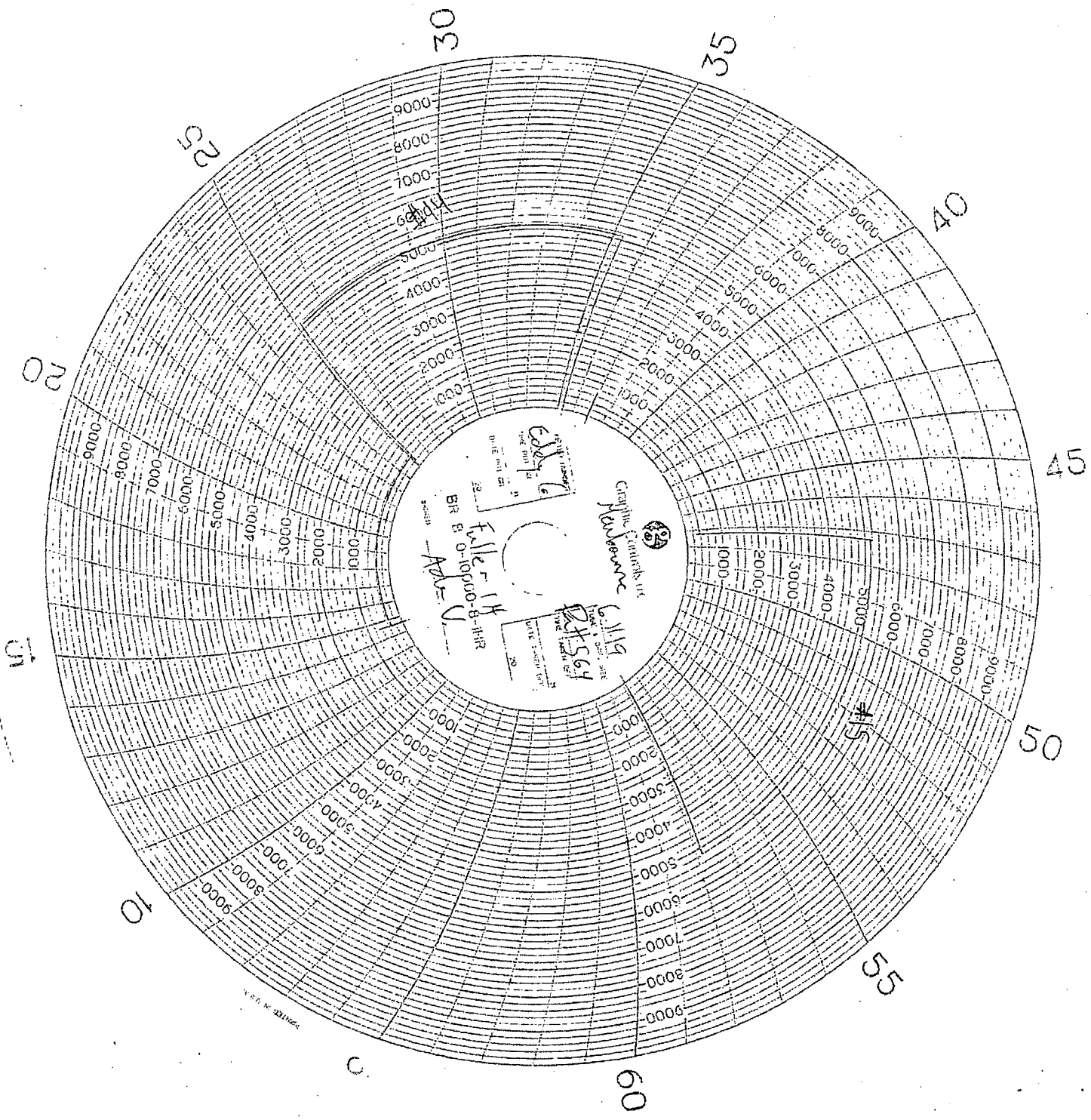




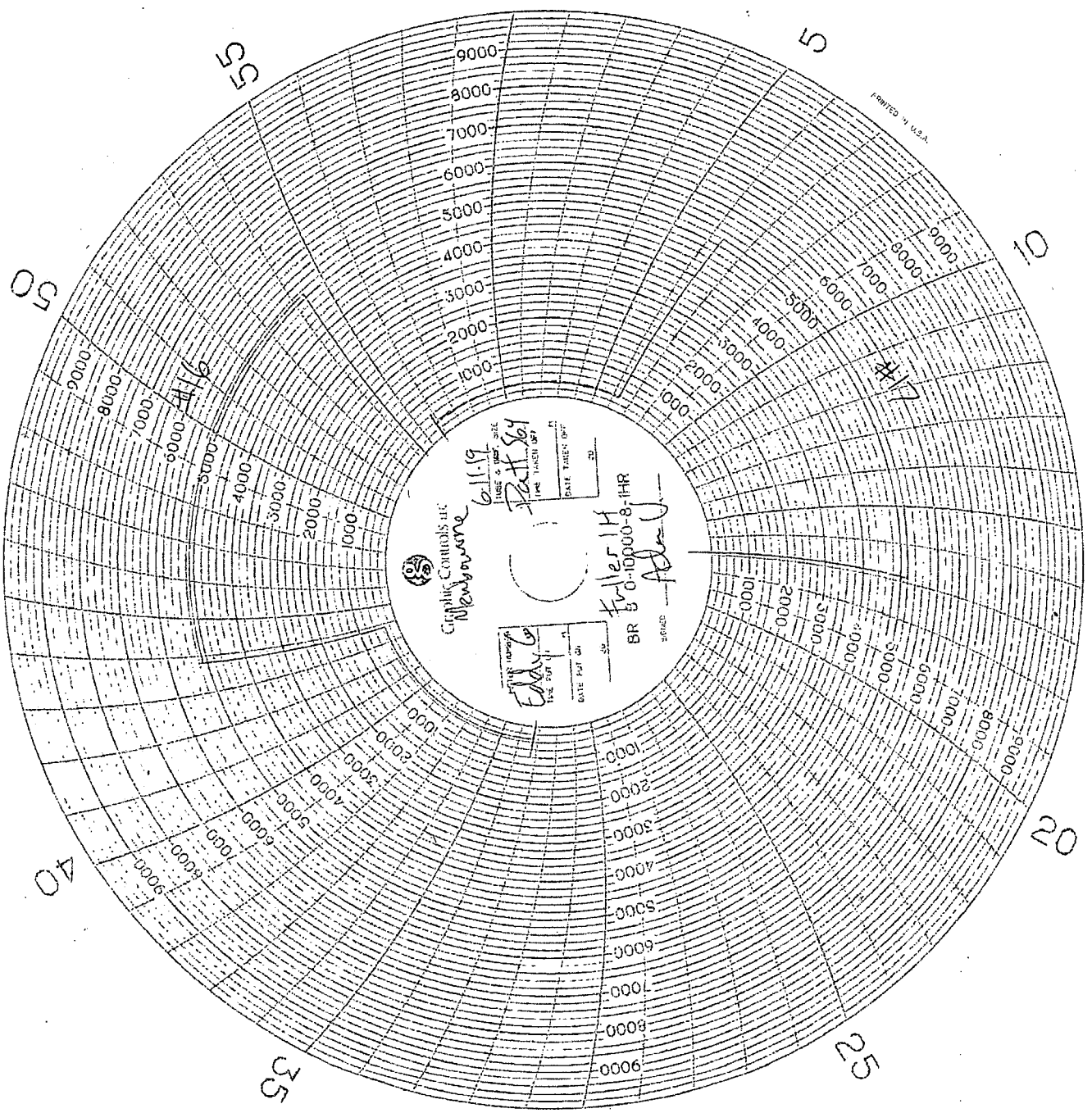








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Newbury

NAME & JOB NO. 6-11-19  
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Fuller 14  
BR 5 0-10000-8-1HR  
SERIAL

Adm J