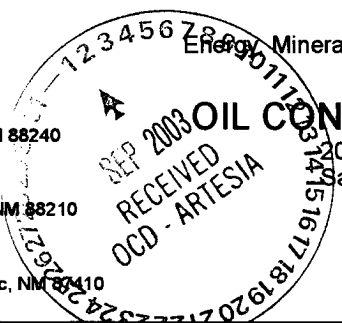


DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410



2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-015-32024

Indicate Type of Lease

STATE ☒

FEE ☐

State Oil & Gas Lease No.
V232-1

SUNDRY NOTICES AND REPORTS ON WELLS
(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.)

Lease Name or Unit Agreement Name

Esperanza 23 State Com

Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

Name of Operator
Mewbourne Oil Company 14744

Well No.
2

Address of Operator
PO Box 5270 Hobbs, NM 88240 505-393-5905

Pool name or Wildcat
Burton Flats Morrow

Well Location

Unit Letter N 660 Feet From The South Line and 1980 Feet From The West Line

23 Section 21S Township 27E Range NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)
3194

11

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Extend APD ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ANBANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Mewbourne Oil Company received an approved APD for the above captioned well dated 10/03/01. MOC applied for and received an extension dated 09/27/02. MOC would like to extend the APD for an additional year, due to rig scheduling. If you have any questions, please call.

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

SIGNATURE [Signature] TITLE District Manager DATE 08-28-03

TYPE OR PRINT NAME NM Young TELEPHONE NO. 505-393-5905

(This space for State Use)

APPROVED BY [Signature] TITLE District Supervisor DATE SEP 3 2003

CONDITIONS OF APPROVAL, IF ANY: Last Extension