

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

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

WELL API NO. 30-015-34164
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. OG-5851-1
7. Lease Name or Unit Agreement Name Horseshoe 33 State
8. Well Number 1
9. OGRID Number 14744
10. Pool name or Wildcat Horseshoe Bend Morrow 78680

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.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other
2. Name of Operator Mewbourne Oil Company
3. Address of Operator PO Box 5270 Hobbs, NM 88240



4. Well Location Unit Letter <u>L</u> : <u>1650</u> feet from the <u>S</u> line and <u>660</u> feet from the <u>W</u> line Section <u>33</u> Township <u>23S</u> Range <u>25E</u> NMPM Eddy County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3769' GL
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: TD & TOC <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

04/21/07...TD'ed 8 3/4" hole @ 11400'. Ran 11400' 4 1/2" 11.6# HCP110 LT&C csg. Cemented with 425 sks BJ Lite Class H (35:65:6) with additives. Mixed @ 12.5 /g w/1.95 yd. Tail with 800 sks Class H with additives. Mixed @ 15.1 /g w/1.28 yd. Plug down at 1:15 am 04/24/07. Slow rate lift pressure @ 2209# @ 2.9 PPG. At 1:15 am 04/24/07, tested csg to 2700# for 30 mins. Set wellhead slips w/100k. Test tbq spool pack off to 3500#.

04/26/07...Released rig at 12:30 pm 04/24/07.

04/27/07...Ran CBL and found TOC at 7035'.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Kristi Green TITLE Hobbs Regulatory DATE 05/02/07

Type or print name Kristi Green E-mail address: kgreen@mewbourne.com Telephone No. 505-393-5905

For State Use Only FOR RECORDS ONLY

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

MAY 04 2007