

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
7301 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

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

Form C-103
May 27, 2004

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.)		WELL API NO. 30-015-35368
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Mewbourne Oil Company		6. State Oil & Gas Lease No. NM-34247
3. Address of Operator PO Box 5270 Hobbs, NM 88240		7. Lease Name or Unit Agreement Name McKittrick Draw 28 St Com
4. Well Location Unit Letter <u>O</u> : <u>900</u> feet from the <u>S</u> line and <u>1650</u> feet from the <u>E</u> line Section <u>28</u> Township <u>22S</u> Range <u>26E</u> NMPM <u>Eddy</u> County		8. Well Number 1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3273' GL		9. OGRID Number 14744
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Happy Valley Morrow 78060
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 ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☒
OTHER: ☐

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.

09/02/07 MI & spud 17 1/2" hole. Ran 665' 13 3/8" 48# H40 ST&C csg. Cemented with 180 sks Thixsad H with additives. Mixed @ 14.6 #/g w/ 1.52 yd. Followed with 400 sks BJ Lite Class "C" (35:65:6) with additives. Mixed @ 12.5 #/g w/ 1.98 yd. Tail with 200 sks Class C with 2% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Circ 90 sks to pit. WOC 18 hrs. At 10:00 pm on 09/04/07, tested 13 3/8" casing to 1250# for 30 minutes, held OK. Drilled out with 12 1/4" bit.

09/10/07 TD'ed 12 1/4" hole @ 2455' Ran 2455' 9 3/8" 40# J55/N80 LT&C Csg. Cemented with 180 sks Thixsad H with additives. Mixed @ 14.6 #/g w/ 1.52 yd. Followed with 700 sks BJ Lite Class "C" (35:65:6) with additives. Mixed @ 12.5 #/g w/ 1.96 yd. Tail with 400 sks Class C w/ 1% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Circ 90 sks to pit. WOC 18 hrs. Tested BOPE to 5000# & annular to 2500#. At 12:30 pm on 09/11/07, tested casing to 1500# for 30 minutes, held OK. Tested formation to 12.5 MWE. Charts and schematic attached. Drilled out with 8 3/4" bit.

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 NMOCDD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

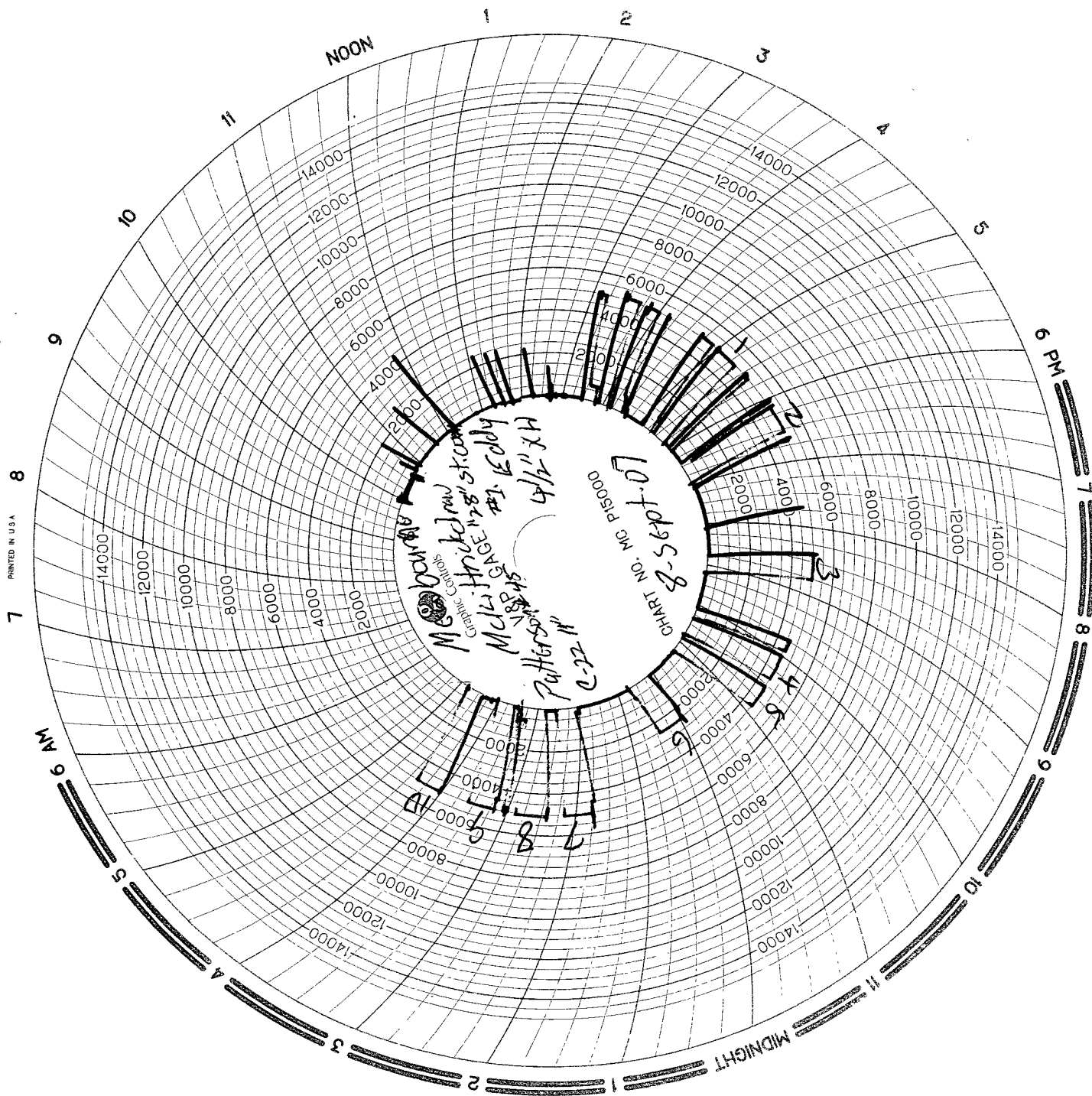
SIGNATURE Kristi Green TITLE Hobbs Regulatory DATE 09/13/07

Type or print name Kristi Green
For State Use Only

E-mail address:

Telephone No. 505-393-5905

APPROVED BY: FOR RECORDS ONLY TITLE _____ DATE SEP 18 2007
Conditions of Approval (if any): _____



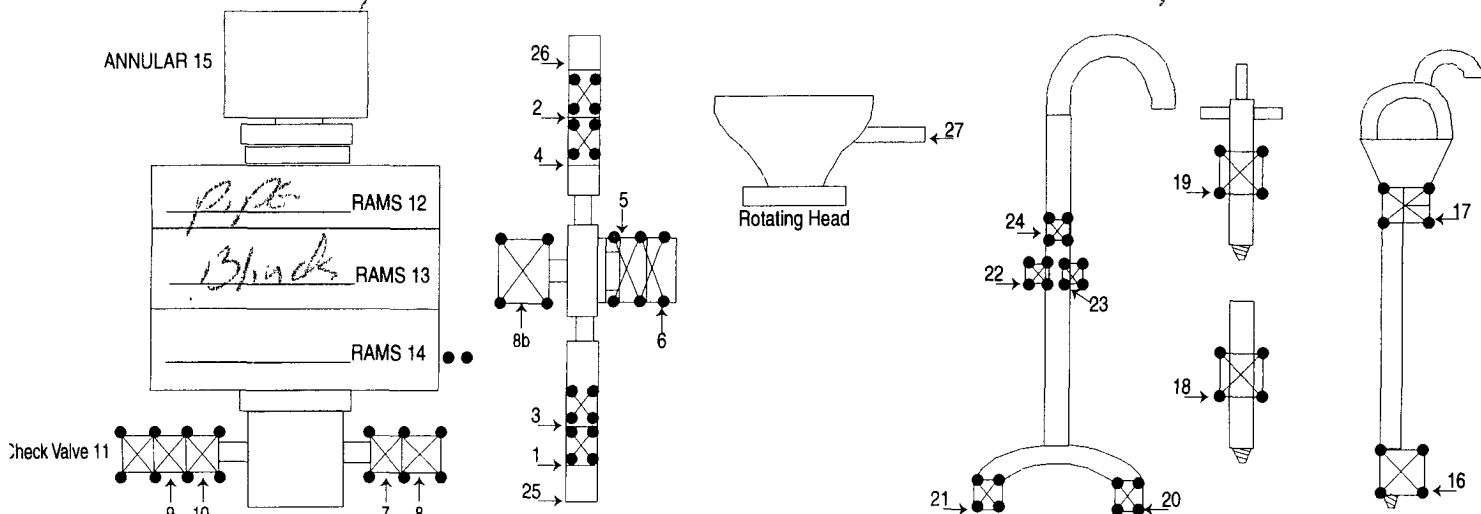
MAN WELDING SERVICES, INC.

P.O. Box 1541 • Lovington, N.M. 88260
BUS: 505 396-4540 • FAX: 505 396-0044



INVOICE
No B 5497

Company Mexbourne Date 8 Sept 07 Start Time 8:00 ☒ am ☐ pm
Lease McKittrick Tract "28" St. Cam #1 County Leakey State N.M.
Company Man _____
Wellhead Vendor _____ Tester Will White
Drig. Contractor Patterson Rig # 45
Tool Pusher _____
Plug Type C-22 Plug Size 11" Drill Pipe Size 4 1/2" A.H.
Casing Valve Opened 4/5 Check Valve Open 4/5



TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1.	25, 26, 6, 9, 13	10	-	5000	M.C.S. Hinges tested
2.	1, 2, 5, 10, 13	10	-	5000	Tightened Test OK
3.	3, 4, 5, 11, 13	10	-	5000	
4.	8, 11, 12	10	-	5000	
5.	7, 11, 12	10	-	5000	
6.	7, 11, 15	10	-	2500	
7.	19	10	-	5000	
8.	18	10	-	5000	
9.	16	10	-	5000	
10.	17	10	-	5000	

8 HR @ 15000
515 HR @ 17000 = \$87000
Mileage 160 @ 1.00 = \$160.00

SUB TOTAL \$1560.00
TAX 83.85
TOTAL 1643.85

MAN WELDING SERVICES, INC

Company Mewbourne Date 10-Sept-07
Lease McKittick draw 28" st. com #1 County Eddy
Drilling Contractor Patterson Rig #45 Plug & Drill Pipe Size 11" C-22 / 4 1/2" X 4.

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** 1900 **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** 950 **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** 1:30 **. 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 }