Submit 3 Copies To Appropriate District Office	State of N	lew Mexico	Form C-103
<u>District I</u>	Energy, Minerals and Natural Resources		May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-015-26037
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE   FEE   X
District IV	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
	CES AND REPORTS ON	WELLS	7. Lease Name or Unit Agreement Name
(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			Quick Draw 10
PROPOSALS.)	ATION FOR PERMIT (FORM	C-101) FOR SUCH	8. Well Number
	Gas Well Other	11.11.11	1
2. Name of Operator		JUN 2 4 2008	9. OGRID Number
Mewbourne Oil Company  3. Address of Operator		OCD-ARTESIA	14744 10. Pool name or Wildcat
PO Box 5270 Hobbs, NM 88241		000000000000000000000000000000000000000	Undesignated Yeso
4. Well Location			Ondesignated 1 eso
Unit Letter J : 1980 feet from the S line and 1980 feet from the E line			
Section 10 Township 20S Range 25E NMPM Eddy County			
11. Elevation (Show whether DR. RKB, RT, GR, etc.)			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3416' GL			
Pit or Below-grade Tank Application □ or Closure □			
Pit typeDepth to GroundwaterDistance 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			
			BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	☐ REMEDIAL WO	RK ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	☐ COMMENCE D	RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	☐ CASING/CEME	NT JOB
OTHER:		OTHER: X	
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.			
The above captioned well was permitted as a State well with no lease number & as a gas well. MOC would like to clarify the paperwork			
that this is a FEE lease and an Oil well.			
If you have any questions please call Mickey Young (575) 393-5905.			
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 belowgrade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.			
SIGNATURE JOEKI	Latha T	ITI E Hobbs Regulatory	DATE06/23/08
A Control of the Cont	1 grown 11	TLL_HOUS Regulatory_	DATL_00/23/00
Type or print name Jackie Lathar	ı E-	-mail address:	Telephone No. 575-393-5905
For State Use Only			
APPROVED BY:	, qr	ITLE	DATE
Conditions of Approval (if any):	1.	( I I I I I	DATE