Form 3160-5 (September 2001)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR CONTROL AND THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED OMB No 1004-0135 Expires: January 31, 2004

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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.

NM-114959 6. If Indian, Allottee or Tribe Name

5. Lease Serial No.

| SUBMIT IN TRIPLICATE - Other instructions on reverse side                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                                                |                        |            |                        | 7. If Unit or CA/Agreement, Name and/or No.         |                                          |   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------|------------|------------------------|-----------------------------------------------------|------------------------------------------|---|--|
| 1. Type of Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                |                        |            | /                      | , ,                                                 |                                          |   |  |
| ☑ Oil Well ☐ Gas Well ☐ Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                           |                                                |                        |            | 8. Well Name and No.   |                                                     |                                          |   |  |
| 2. Name of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                           |                                                |                        |            | Quick Draw 14 F Fed #1 |                                                     |                                          |   |  |
| Mewbourne Oil Company 14744                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                           |                                                |                        |            | 9. API Well No.        |                                                     |                                          |   |  |
| 3a. Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                           | 3b. Phone No. (include grape VED) 575-393-5905 |                        |            | VFD                    | 30-015-37366                                        |                                          |   |  |
| PO Box 5270 Hobbs, NM 88241                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                           |                                                |                        |            |                        | 10. Field and Pool, or Exploratory Area             |                                          |   |  |
| 4. Location of Well (Footage, Sec., T, R., M., or Survey Description)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           | NO                                             |                        | V 1 1 2009 |                        | Yeso North Seven Rivers 11. County or Parish, State |                                          |   |  |
| 1815' FNL & 1800' FWL, Sec 14-T20S-R25E Unit Letter F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           |                                                |                        |            | 11. County of          | Parish, State                                       |                                          |   |  |
| 1015 1112 65 1000 1 112, 500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | THE TEST COME ECTION                                                                                                      |                                                | NMOC                   | D AF       | RTESIA                 | Eddy Count                                          | tv NM                                    |   |  |
| 12. CHECK AP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PROPRIATE BOX(ES) TO                                                                                                      | INDICATE                                       | NATURE                 | OF N       | OTICE, RE              |                                                     |                                          |   |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                           |                                                | TYPE                   | OF A       | CTION                  |                                                     |                                          |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Acidize [                                                                                                                 | Deepen                                         |                        | Pro        | duction (Start/        | Resume) [                                           | Water Shut-Off                           |   |  |
| ☑ Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Alter Casing                                                                                                              | Fracture Ti                                    | reat [                 | =          | lamation               |                                                     | Well Integrity                           |   |  |
| Cubasanant Banant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Casing Repair                                                                                                             | New Const                                      | =                      |            |                        | Ī                                                   | Other                                    |   |  |
| Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ☑ Change Plans                                                                                                            | Plug and A                                     |                        |            | nporarily Aba          |                                                     |                                          |   |  |
| Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Convert to Injection                                                                                                      | Plug Back                                      | <br>Г                  | _          | ter Disposal           |                                                     |                                          |   |  |
| determined that the site is ready                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nal Abandonment Notices shall be for final inspection.)  It a change in plans. MOC is using a call Mickey Young or Frosty | ng a 2000# A                                   | nnular instea          | ad of a    | Ü                      | ·                                                   | • ,                                      |   |  |
| 14. I hereby certify that the foregoing Name (PrintedlTyped)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | g is true and correct                                                                                                     |                                                |                        |            |                        |                                                     |                                          |   |  |
| Jackie Lathan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                           |                                                | Title Hobbs Regulatory |            |                        |                                                     |                                          |   |  |
| Signature Ocki                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e Lathan                                                                                                                  | ,                                              | Date 11/03/0           | )9         |                        | AP                                                  | PROVED                                   |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THIS SPACE FO                                                                                                             | R FEDERA                                       | L OR STAT              | E OF       | FICE USE               |                                                     | 375                                      |   |  |
| Approved by (Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           |                                                | Name<br>(Printed       | /Typed)    |                        | N(<br>T                                             | JV 3 2009  itle muss                     |   |  |
| Conditions of approval, if any, are certify that the applicant holds lega which would entitle the applicant to come the second of the conditions of the cond | attached. Approval of this notice                                                                                         | does not warra                                 | ont or Office          |            |                        |                                                     | Date<br>LEY W. INGRAM<br>DI FUM ENGINEER | 3 |  |

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.

