

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
MCOCD-ARTESIAFORM APPROVED
OMB No 1004-0135
Expires: January 31, 2004**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.***SUBMIT IN TRIPLICATE - Other instructions on reverse side**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Mewbourne Oil Company 14744

3a. Address

PO Box 5270 Hobbs, NM 88241

3b. Phone No (include area code)

575-393-5905

4. Location of Well (Footage, Sec., T, R, M., or Survey Description)

1500' FNL & 850' FWL, Sec 27-T16S-R28E Unit Letter E (Surface)

1603' FNL & 330' FWL, Sec 28-T16S-R28E Unit Letter E (BHL)

5. Lease Serial No.

NM 83066

6. If Indian, Aborigine or Tribal Name

7. If Unit or CA/Agreement, Name and/or No

8. Well Name and No.

Crow Flats 28 Federal #2H

9. API Well No.

30-015-36876

10. Field and Pool, or Exploratory Area

Dog Canyon Wolfcamp

11. County or Parish, State

Eddy County, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

TYPE OF ACTION

☐ Notice of Intent☒ Subsequent Report☐ Final Abandonment Notice☐ Acidize☐ Alter Casing☐ Casing Repair☐ Change Plans☐ Convert to Injection☐ Deepen☐ Fracture Treat☐ New Construction☐ Plug and Abandon☐ Plug Back☐ Production (Start/Resume)☐ Reclamation☐ Recomplete☐ Temporarily Abandon☐ Water Disposal☐ Water Shut-Off☐ Well Integrity☐ Other Casing & cmt

3. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

05/14/10...TD 8 3/4" hole at 6900'. Ran 6900' 7" 26# P1100 B/LT&C csg. Cemented with 900 sks BJ Lite Class C (50:50:10) w/additives. Mixed @ 11.8 #/g w/ 2.46 yd. Tail w/400 sks Class H Neat. Mixed @ 15.6 #/g w/ 1.18 yd. Plug down @ 7:15 pm 05/13/10. Circ 143 sks cmt to pit. On 05/15/10 tested BOPE to 5000# & annular to 2500#. At 2:00 am 05/17/10, tested csg to 1500# for 30 minutes, held OK. Chart & schematic attached. Drilled out with 6 1/8" bit.

14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

Jackie Lathan

Title Hobbs Regulatory

Signature

Date 06/04/10

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by (Signature)

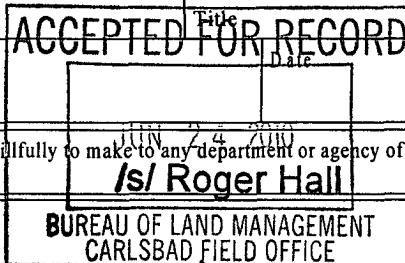
Name
(Printed/Typed)

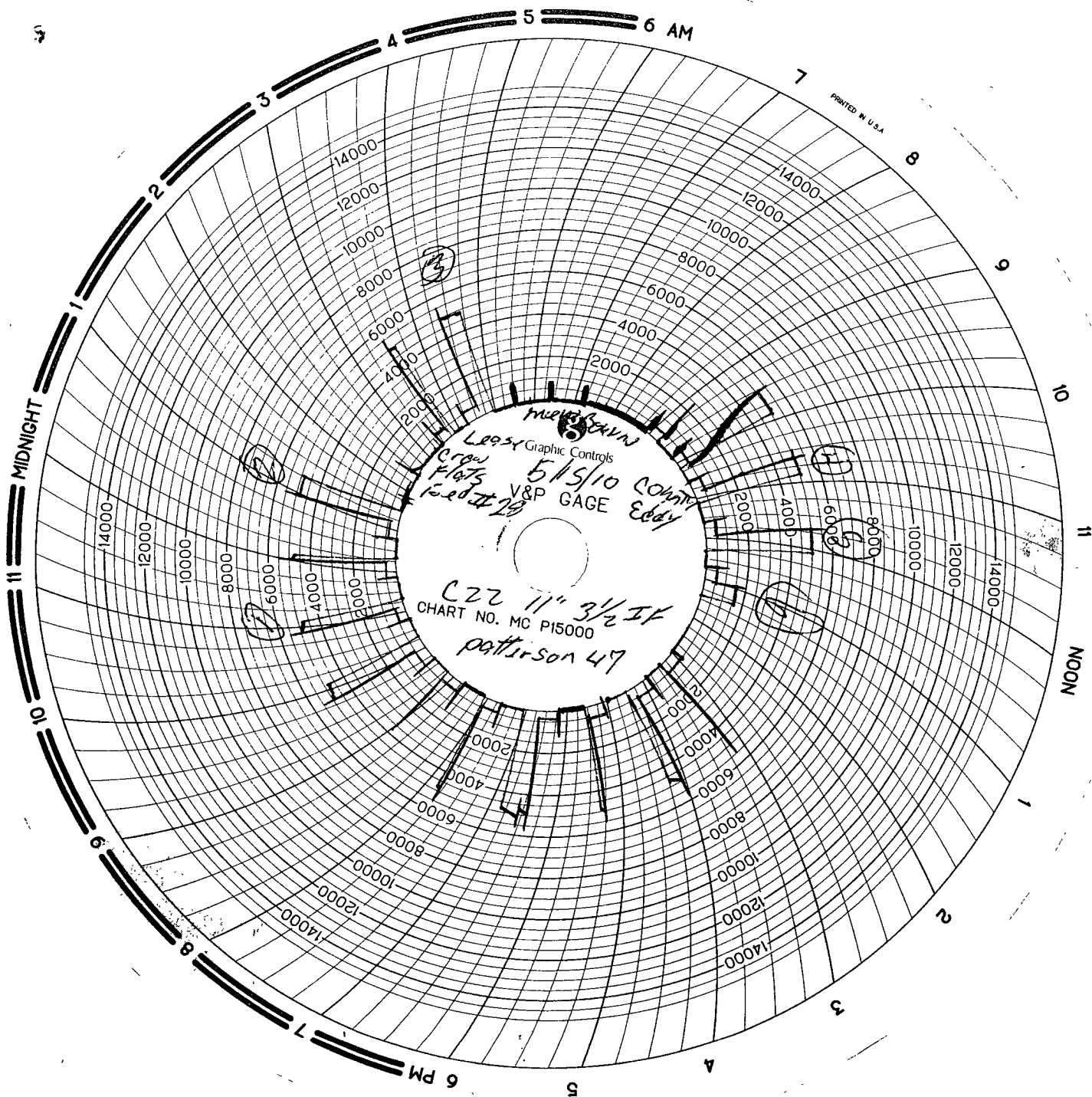
Office

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon

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.

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MAN WELDING SERVICES, INC

Company New Bourn Date 5/15/10
Lease Crow Flats Fed #27 County Eddy NM
Drilling Contractor Pathagon 47 Plug & Drill Pipe Size 22 7" 3 1/2 IF

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 1700 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 1100 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.)

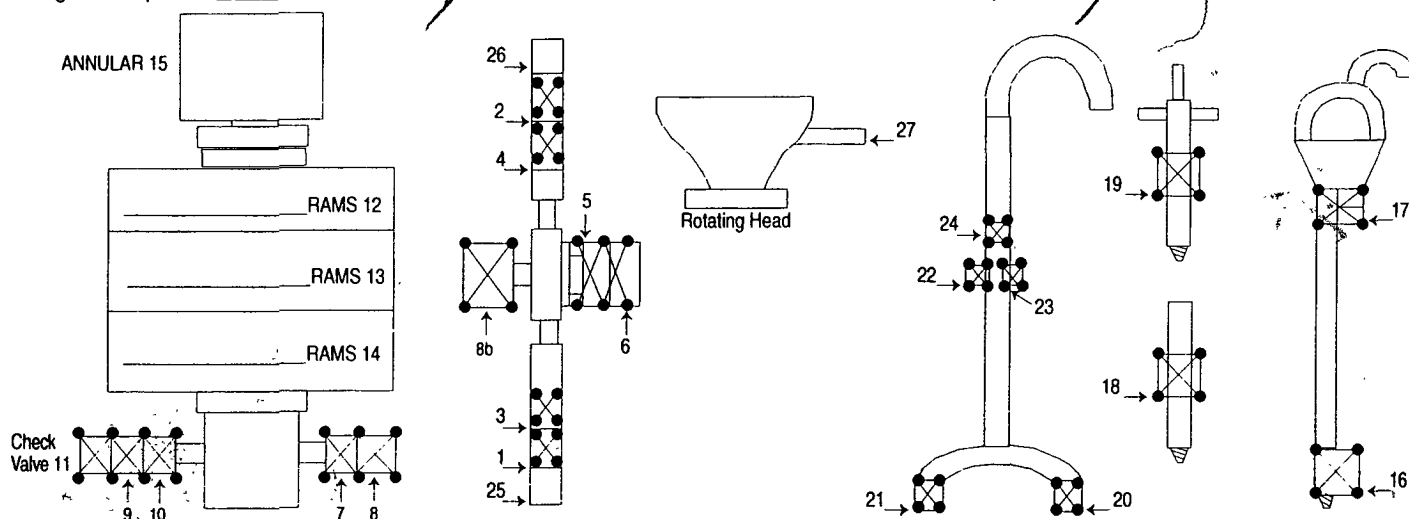
- Isolate the accumulator bottles or spherical from the pumps & manifold.
- Open the bleed off valve to the tank, {manifold psi should go to 0 psi} close bleed valve.
 1. Open the HCR valve, {if applicable}
 2. Close annular
 3. With pumps only, time how long it takes to regain the required manifold pressure.
 4. Record elapsed time 1.05. 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}



**WELDING • BOP TESTING
NIPPLE UP SERVICE • BOP LIFTS • TANDEM
MUD AND GAS SEPARATORS
Lovington, NM • 575-396-4540**

№ ВР 10587

Company New Bourn Date 5/15/10 Start Time 9:30 ☒ am ☐ pm
Lease Crow Platts Fed # 28 County Eddy State NM
Company Man _____
Wellhead Vendor _____ Tester Tim Bryant
Drig. Contractor Patterson Rig # 47
Tool Pusher _____
Plug Type C 22 Plug Size 7" Drill Pipe Size 3 1/2 IF
Casing Valve Opened 4:15 Check Valve Open 4:15

[illegible]

9	HR@	1000	1000
11	HR@	85	935
Mileage	140 @	100 Per mile	140

SUB TOTAL 2075
TAX 111 53
TOTAL 2186 53

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☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
Mewbourne Oil Company 147443a. Address
PO Box 5270 Hobbs, NM 882403b. Phone No. (include area code)
575-393-5905

4. Location of Well (Footage, Sec., T, R., M., or Survey Description)

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1603' FNL & 330' FWL, Sec 28-T16S-R28E Unit E (BHL)

5. Lease Serial No.

NM-83066

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.

Crow Flats 28 Federal #2 H

9. API Well No.

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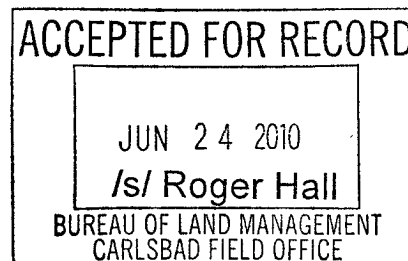
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>TD & Csg</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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05/27/10 TD'ed 6 1/8" hole @ 12066' MD. Ran 4 1/2" 11.6# P110 LT&C csg w/packers plus system. End of casing @ 12032' MD. Ran 20 stage tools w/20 pkrs.

05/30/10...Released rig at 12:00 am.



14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Jackie Lathan

Title Hobbs Regulatory

Signature

Date 06/21/10

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by (Signature)

Name
(Printed/Typed)

Title

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