Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO. 30-	June 19, 2008 015-38069
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	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		5. Indicate Type of I STATE 6. State Oil & Gas L	FEE X
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.)			7. Lease Name or Unit Agreement Name Wyatt Draw 18-19 LD 8. Well Number IH	
Type of Well: Oil Well			9. OGRID Number	
Mewbourne Oil Company			14744	
3. Address of Operator PO Box 5270 Hobbs, NM 88241			10. Pool name or Wildcat Undesignated Yeso	
4. Well Location				
	2490feet from the _South		feet from the	Westline
Section 18	Township 19S R 11. Elevation (Show whether DR,		MPM Eddy C	County
	3401' GL	, RKB, R1, GR, elc.)	ert i	
NOTICE OF IN	Appropriate Box to Indicate N	SUBS	EQUENT REPO	ORT OF:
PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	REMEDIAL WORK COMMENCE DRILL CASING/CEMENT	LING OPNS. P	TERING CASING ☐ AND A ☐
OTHER:		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.				
10/02/10 TD'ed 6 1/8" hole @ 6006' End of casing @ 5981' M	' MD. Ran 4 ½" 11.6# P110 LT&C ID. Ran 14 stage tools w/14 pkrs &	csg w/Packers plus s liner hanger. Top of	taging tools. liner @ 2915' MD.	RECEIVED
Spud Date: 10/07/10	Spud Date: 10/07/10 Rig Release Date: 10/22/			NOV 2 2 2010 NMOCD ARTES
				TAMOOD ATTIES
I hereby certify that the information	above is true and complete to the be	est of my knowledge	and belief.	
SIGNATURE	LathanTITLE_Hobbs	Regulatory	DATE	11/18/10
Type or print name Jackie Lathan_ For State Use Only	E-mail address: jla	athan@mewbourne.co	omPHONE: 57	5-393-5905
APPROVED BY: On ald X Conditions of Approval (if any):	Tray TITLE Fiel	d superviso	DATE	11-24-10