Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
<u>District 1</u> – (575) 393-6161	ict I – (575) 393-6161 Energy, Minerals and Natural Resources N. French Dr., Hobbs, NM 88240 ict II – (575) 748-1283 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		Revised July 18, 2013
			WELL API NO. 30-025-42446
811 S. First St., Artesia, NM 88210			5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE S FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			VB-1832
SUNDRY NOTICES 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			Toro 36 B3BO State
PROPOSALS.)			8. Well Number
1. Type of Well: Oil Well	Gas Well Other	HOBBS OCD	1H
2. Name of Operator Mewbourne Oil Company			9. OGRID Number 14744
3. Address of Operator		JUL 27 2015	10. Pool name or Wildcat
PO Box 5270, Hobbs NM 88241			Antelope Ridge; Bone Spring
4. Well Location		RECEIVED	
Unit Letter B : 205 feet from the North line and 1980 feet from the East line			
Section 36 Township 23S Range 34E NMPM Lea County			
	11. Elevation (Show wheth		
	3397' GL		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.			
Spud Date: 03/31/15	Rig	Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE CLOSE	Fathan TITLE	Regulatory	DATE_07/23/15
Time or mint name) Isalia I athar		drace ilathan@manh	DHONE: 575 202 5005
SIGNATURE			
Accepted for Record Only			
APPROVED BY:Conditions of Approval (if any):	TITLE		DATE