

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 748-9720

District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-101
August 1, 2011
Permit 264389

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

1. Operator Name and Address MEWBOURNE OIL CO P.O. Box 5270 Hobbs, NM 88241		2. OGRID Number 14744
4. Property Code 325117		3. API Number 30-025-45689
5. Property Name CHAROLAIS 28 21 W10B STATE COM		6. Well No. 001H

7. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
P	28	19S	35E	P	205	S	1160	E	Lea

8. Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
B	21	19S	35E	B	100	N	1980	E	Lea

9. Pool Information

SCHARB;WOLFCAMP, SOUTHEAST	55650
KLEIN RANCH;WOLFCAMP	96989

Additional Well Information

11. Work Type New Well	12. Well Type GAS	13. Cable/Rotary	14. Lease Type State	15. Ground Level Elevation 3710
16. Multiple Y	17. Proposed Depth 21340	18. Formation Wolfcamp	19. Contractor	20. Spud Date 4/1/2019
Depth to Ground water		Distance from nearest fresh water well		Distance to nearest surface water

☒ We will be using a closed-loop system in lieu of lined pits

21. Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surf	17.5	13.375	54.5	1900	1320	0
Int1	12.25	9.625	36	3450	690	0
Prod	8.75	7	26	11426	900	3250
Liner1	6.125	4.5	13.5	21340	430	10515

Casing/Cement Program: Additional Comments

MOC proposed to drill & test the Wolfcamp formation. H2S rule 118 does not apply because MOC has researched the area & no high concentrations were found. Will have on location & working all H2S safety equipment before Yates formation for safety & insurance purposes. Will stimulate as needed for production.

22. Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Annular	5000	2500	Schaffer
Double Ram	5000	5000	Schaffer
Annular	5000	2500	Schaffer

23. I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify I have complied with 19.15.14.9 (A) NMAC ☒ and/or 19.15.14.9 (B) NMAC ☒ if applicable. Signature: _____ Printed Name: Electronically filed by Monty Whetstone Title: Vice President Operations Email Address: prodmgr@mewbourne.com Date: 3/4/2019	OIL CONSERVATION DIVISION Approved By: Karen K Sharp Title: OCD Reviewer Approved Date: 3/6/2019 Expiration Date: 3/6/2021 Conditions of Approval Attached
Phone: 903-561-2900	

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**State of New Mexico
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Santa Fe, NM 87505**

Form C-102
August 1, 2011
Permit 264389

1. API Number 30-025-45689	2. Pool Code 55650	3. Pool Name SCHARB;WOLFCAMP, SOUTHEAST
4. Property Code 325117	5. Property Name CHAROLAIS 28 21 W10B STATE COM	6. Well No. 001H
7. OGRID No. 14744	8. Operator Name MEWBOURNE OIL CO	9. Elevation 3710

UL - Lot P	Section 28	Township 19S	Range 35E	Lot Idn P	Feet From 205	N/S Line S	Feet From 1160	E/W Line E	County Lea
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UL - Lot B	Section 21	Township 19S	Range 35E	Lot Idn B	Feet From 100	N/S Line N	Feet From 1980	E/W Line E	County Lea
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12. Dedicated Acres 160.00	13. Joint or Infill	14. Consolidation Code	15. Order No.
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OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location(s) or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

E-Signed By: **Monty Whetstone**

Title: **Vice President Operations**

Date: **3/4/2019**

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Surveyed By: **Robert Howett**

Date of Survey: **11/1/2017**

Certificate Number: **19680**

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Form C-102
August 1, 2011
Permit 264389

WELL LOCATION AND ACREAGE DEDICATION PLAT

1. API Number 30-025-45689	2. Pool Code 96989	3. Pool Name KLEIN RANCH;WOLFCAMP
4. Property Code 325117	5. Property Name CHAROLAIS 28 21 W10B STATE COM	6. Well No. 001H
7. OGRID No. 14744	8. Operator Name MEWBOURNE OIL CO	9. Elevation 3710

10. Surface Location

UL - Lot P	Section 28	Township 19S	Range 35E	Lot Idn P	Feet From 205	N/S Line S	Feet From 1160	E/W Line E	County Lea
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11. Bottom Hole Location If Different From Surface

UL - Lot B	Section 21	Township 19S	Range 35E	Lot Idn B	Feet From 100	N/S Line N	Feet From 1980	E/W Line E	County Lea
12. Dedicated Acres 160.00			13. Joint or Infill		14. Consolidation Code			15. Order No.	

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

	OPERATOR CERTIFICATION <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location(s) or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i> E-Signed By: Monty Whetstone Title: Vice President Operations Date: 3/4/2019
	SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i> Surveyed By: Robert Howett Date of Survey: 11/1/2017 Certificate Number: 19680

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Form APD Comments

Permit 264389

PERMIT COMMENTS

Operator Name and Address: MEWBOURNE OIL CO [14744] P.O. Box 5270 Hobbs, NM 88241	API Number: 30-025-45689
	Well: CHAROLAIS 28 21 W1OB STATE COM #001H

Created By	Comment	Comment Date
pkautz	REJECTED to correct pools - Change well to oil and correct - Delete PURPLE SAGE;WOLFCAMP (GAS) [98220] - Add SCHARB;WOLFCAMP, SOUTHEAST [55650] Oil Pool Sec 21 - Add KLEIN RANCH;WOLFCAMP [96989] Oil Pool Sec 28	3/4/2019
pkautz	REJECTED to correct pools Change well to oil and correct Delete PURPLE SAGE;WOLFCAMP (GAS) [98220] Add SCHARB;WOLFCAMP, SOUTHEAST [55650] Oil Pool Sec 21 Add KLEIN RANCH;WOLFCAMP [96989] Oil Pool Sec 28	3/4/2019

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Form APD Conditions

Permit 264389

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Oil Conservation Division
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Santa Fe, NM 87505

PERMIT CONDITIONS OF APPROVAL

Operator Name and Address: MEWBOURNE OIL CO [14744] P.O. Box 5270 Hobbs, NM 88241	API Number: 30-025-45689
	Well: CHAROLAIS 28 21 W1OB STATE COM #001H

OCD Reviewer	Condition
pkautz	Will require a directional survey with the C-104
pkautz	1) SURFACE & INTERMEDIATE CASING - Cement must circulate to surface -- 2) PRODUCTION CASING - Cement must tie back into intermediate casing -- 3) Liner - Cement must tie back into production casing
pkautz	If cement does not circulate to surface, must run temperature survey or other log to determine top of cement
pkautz	Surface casing must be set 25' below top of Rustler Anhydrite in order to seal off protectable water
pkautz	1)- The Operator is to notify NMOCD by sundry (Form C-103) within ten (10) days of the well being spud 2)- Drilling Sundries Form C-103 (Casing and Cement test are to be submitted within 10 days 3)- Completion Reports & Logs are to be submitted within 45 days 4)- Deviation / Directional Drill Survey are to be filed with or prior to C-104
pkautz	It is the operator's responsibility to monitor cancellation dates of approved APDs. APD's are good for 2 years and may be extended for one year. Only one 1 year extension will be granted if submitted by C-103 before expiration date. After expiration date or after a 1 year extension must submit new APD.
pkautz	Stage Tool 1) Must notify OCD Hobbs Office prior to running Stage Tool at 5753703186 2) If using Stage Tool on Surface casing, Stage Tool must be set greater than 350' from surface and a minimum of 200 feet above surface shoe. 3) When using a Stage Tool on Intermediate or Production Casing Stage must be a minimum of 50 feet below previous casing shoe.