

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**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.*5. Lease Serial No.
NMNM01165

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
GLOCK 17/16 WOLI FED COM 1H9. API Well No.
30-015-4674610. Field and Pool or Exploratory Area
BURTON FLAT; WOLFCAMP11. County or Parish, State
EDDY COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on page 2**1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
MEWBOURNE OIL COMPANY
Contact: JACKIE LATHAN
E-Mail: jlathan@mewbourne.com3a. Address
PO BOX 5270
HOBBS, NM 88241
3b. Phone No. (include area code)
Ph: 575-393-59054. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 17 T20S R29E Mer NMP NWSW 2060FSL 230FWL**12. CHECK THE 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"/> Hydraulic Fracturing	<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 Hydraulic Fracture
	<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	

13. 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 recompletable 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletable in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

AMENDED TO ADD FORMATION TOPS PER NMOCD

Ran GR while drlg.

08/30/2020 Frac Horizontal Wolfcamp from 9398' MD (9258' TVD) to 19501' MD (9414' TVD) w/21,015,322 gals of SW, carrying 20,233,897# Local 100 Mesh Sand.

Flowback well for cleanup.

09/17/2020 Drill out frac plugs to PBTD @ 19539'

09/25/2020 Put well on production.

Entered - KMS NMOCD

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

**Electronic Submission #534698 verified by the BLM Well Information System
For MEWBOURNE OIL COMPANY, sent to the Carlsbad**

Name (Printed/Typed) JACKIE LATHAN

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 10/20/2020

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____

Title _____

Date _____

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.

Office _____

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.

(Instructions on page 2)

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

Additional data for EC transaction #534698 that would not fit on the form

32. Additional remarks, continued

Formation Top Bottom Descriptions, Contents, etc.
Name Top (MD)Wolfcamp 9187 - 19558 WATER, OIL & GAS

CASTILE 438'
BASE OF SALT 878'
YATES 1080'
CAPITAN 1464'
DELAWARE 2962'
BONE SPRING 5800'
WOLFCAMP 9187'

We are asking for an exemption from tubing at this time.

"REQUEST FOR OCD EXTENSION OF TIME TO FILE BLM - APPROVED FORM 3160-4"

Bond on file: NM1693 nationwide & NMB000919

Intent ☐ As Drilled ☒

API # 30-015-46746		Operator Name: Mewbourne Oil Company		Property Name: Glock 17/16 WOLI Fed Com		Well Number 1H	
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Kick Off Point (KOP)

UL	Section	Township	Range	Lot	Feet	From N/S	Feet	From E/W	County
L	17	205	29E		2203	S	10	W	Eddy
Latitude					Longitude			NAD	
32.5722972					-104.1057528			83	

First Take Point (FTP)

UL	Section	Township	Range	Lot	Feet	From N/S	Feet	From E/W	County
L	17	205	29E		2211	S	340	W	Eddy
Latitude					Longitude			NAD	
32.5723175					-104.1046842			83	

Last Take Point (LTP)

UL	Section	Township	Range	Lot	Feet	From N/S	Feet	From E/W	County
I	16	205	29E		2206	S	142	E	Eddy
Latitude					Longitude			NAD	
32.5722806					-104.0719211			83	

Is this well the defining well for the Horizontal Spacing Unit? ☒

Is this well an infill well? ☐

If infill is yes please provide API if available, Operator Name and well number for Defining well for Horizontal Spacing Unit.

API #		Operator Name:		Property Name:		Well Number	