

Submit 1 Copy To Appropriate District Office

District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

REC'D NMOCD
10/22/2020

Form C-103
Revised July 18, 2013

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.)		WELL API NO. 30-015-46246
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Mewbourne Oil Company		6. State Oil & Gas Lease No.
3. Address of Operator PO Box 5270, Hobbs NM 88241		7. Lease Name or Unit Agreement Name Thor 28 W0NC Fee
4. Well Location Unit Letter <u>M</u> : <u>612</u> feet from the <u>South</u> line and <u>1252</u> feet from the <u>West</u> line Section <u>28</u> Township <u>23S</u> Range <u>28E</u> NMPM <u>Eddy</u> County		8. Well Number <u>1H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3083' GL		9. OGRID Number <u>14744</u>
		10. Pool name or Wildcat Purple Sage; Wolfcamp

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

10/15/2020

TD'ed 6 1/8" hole @ 14344' MD. Ran 14341' of 4 1/2" 13.5# HCP110 BPN csg. Cmt w/450 sks Poz H (35:65:6) w/additives. Mixed @ 13.5#/g w/1.74 yd. Followed w/5 bbls sugar FW. Released dart. Displaced w/173 bbls sugar BW. Plug down @ 3:15 P.M. 10/16/20. Bump plug w/3700#. Set packer w/100k#. Sting out of PBR w/1700# on DP. Displace 7" csg w/345 bbls sugar BW. Circ 161 sks of cmt off of liner top to the pit. At 4:30 P.M. 10/16/20, tested csg to 1500# for 30 min, held OK. Top of liner @ 8857'.

Rig Release on 10/17/20 @ 2:00 A.M.

Spud Date: 09/30/2020

Rig Release Date: 10/17/20

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Regulatory DATE 10/22/20

Type or print name Ruby Caballero Email address: rcaballero@mewbourne.com PHONE: 575-393-5905

For State Use Only

APPROVED BY: [Signature] TITLE Staff Manager DATE 11/4/2020

Conditions of Approval (if any):