

Submit 3 Copies To Appropriate District
Office
District I
1625 N French Dr., Hobbs, NM 88240
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 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

WELL API NO. 30-015-24914
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: State JL 36 ✓
8. Well No. 2 ✓
9. OGRID Number 14744
10. Pool name or Wildcat Turkey Track 7R-Q-GB-SA

Pit or Below-grade Tank Application ☐ **or Closure** ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other _____

2. Name of Operator
Mewbourne Oil Co. ✓

3. Address of Operator
PO Box 5270, Hobbs, NM 88241

4. Well Location
Unit Letter **N** : **660** feet from the **South** line and **1980** feet from the **West** line
Section **36** Township **18-S** Range **29-E** NMPM County **Eddy**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3427

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 checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING/CEMENT JOB <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

08/22/11 MIRU plugging equipment. POH w/ rods. ND wellhead. NU BOP. POH w/ tbg.
08/23/11 RIH w/ CIBP on tbg and set @ 2350'. Pressured up on BP to 500 psi. Pumped 255 sx cement @ 2350' to surface. POH. Topped off surface w/ cement. ND BOP. Rigged down moved off.
08/31/11 MI welder and backhoe. dug out cellar. Cut off wellhead. Welded on Dry Hole Marker. Back filled cellar. Cut off deadmen and cleaned location and moved off.

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under
Forms. www.cmnrd.state.nm.us/oed.

RECEIVED
SEP 12 2011
NMOCD ARTESIA

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE [Signature] TITLE Prod Supv DATE 9/3/11

Type or print name
For State Use Only
APPROVED BY [Signature] E-mail address: _____ Telephone No. _____
Conditions of Approval (if any): _____

Approved for plugging of well bore only.
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of C-103 (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under
Forms. www.cmnrd.state.nm.us/oed.
DATE 9/13/2011
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