| Appropriate District  | State of New Mexico                    |                    |                           | Form C-103                          |                                       |   |
|---|--|--------------------|---------------------------|-------------------------------------|---------------------------------------|---|
|   | Energy, Minerals and Natural Resources |                    |                           | Revised March 25, 1999 WELL API NO. |                                       |   |
| ench Dr., Hobbs, NM 88240   |  |                    |                           | 30-015-29688                        |                                       |   |
| V. Grand Ave., Artesia, NM 88210  | OIL CONSERVATION DIVISION              |                    |                           | 5. Indicate Type of Lease           |                                       |   |
| <u>rict III</u><br>000 Rio Brazos Rd., Aztec, NM 87410  | 1220 South St. Francis Dr.             |                    |                           | STATE X FEE                         |                                       |   |
| District IV<br>1220 S. St. Francis Dr., Santa Fe, NM  | Santa F                                | Santa Fe, NM 87505 |                           |                                     | 6. State Oil & Gas Lease No.<br>18787 |   |
| 87505 SUNDRY NOTICES AND REPORTS ON WELLS   |  |                    |                           | 7. Lease Name or Unit Agreement     |                                       | - |
| (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.)   |  |                    |                           | Name:                               |                                       |   |
| 1. Type of Well:  |  |                    |                           | Scoggin Draw 4 S                    | State                                 |   |
|   | Other                                  |                    |                           |                                     |                                       |   |
| 2. Name of Operator   |  |                    | RECEIVEL                  | 8. Well No.                         |                                       |   |
| Mewbourne Oil Company   | 14744                                  |                    | APR 0 6 2009              | #1                                  | 77711                                 |   |
| 3. Address of Operator PO Box 5270 Hobbs, NM 8824   | 11                                     | _                  | OU-MATERIA                | 9. Pool name of                     | r Wildcat                             |   |
| 4. Well Location  | +1                                     |                    | JOD:AH I REIN             | Monow / Atoka                       |                                       |   |
| 4. Well Education   |  |                    |                           |                                     |                                       | : |
| Unit LetterL_   | 2310feet from the _                    | South_             | line and66                | 60feet from                         | theWestline                           |   |
| Section 4   | Township 1                             |                    | Range 28E                 | NMPM                                | Eddy County                           |   |
|   | 10. Elevation (Show) 3657'             | whether DI         | R, RKB, RT, GR, etc       |                                     |                                       |   |
| 11. Check   | Appropriate Box to Ir                  | ndicate N          | ature of Notice,          | Report or Other                     | · Data                                |   |
| NOTICE OF I   | NTENTION TO:                           |                    | SUB                       | SEQUENT RE                          | PORT OF:                              |   |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDON                       | <b>1</b> \q        | REMEDIAL WOR              | K 🗆                                 | ALTERING CASING                       |   |
| TEMPORARILY ABANDON [   | CHANGE PLANS                           |                    | COMMENCE DRI              | LLING OPNS.                         | PLUG AND<br>ABANDONMENT               |   |
| PULL OR ALTER CASING [  | MULTIPLE COMPLETION                    |                    | CASING TEST AN CEMENT JOB | EST AND                             |                                       |   |
|   |  | ,                  |                           | ngle Morrow and A                   |                                       |   |
| 12. 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 recompilation. |  |                    |                           |                                     |                                       |   |
| Cleaned out 2 CIBP's. Commingled Morrow perfs at 10286' to 10296' and 10160' to 10178' with Atoka perfs at 9830' to 9840'. Put well on line.  |  |                    |                           |                                     |                                       |   |
|   |  |                    |                           |                                     |                                       |   |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |  |                    |                           |                                     |                                       |   |
| SIGNATURE PRULL   | Gleen                                  | TITLEH             | Hobbs Regulatory          | DATE_                               | _04/05/05                             |   |
| Type or print name Krist  | i Green                                |                    | Teleph                    | none No. 505-393                    | -5905                                 |   |
| (This space for State use)  |  |                    |                           |                                     |                                       |   |
| APPPROVED BY  |  |                    |                           | DATE                                |                                       |   |
|   |  |                    |                           |                                     |                                       |   |