Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
	linerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO. .30-015-40921
811 S. First St., Artesia, NM 88210 OIL CO	NSERVATION DIVISION	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	0 South St. Francis Dr. Santa Fe, NM 87505	STATE FEE
1220 S. St. Francis Dr., Santa Fe, NM	Januare, 1411 67303	6. State Oil & Gas Lease No. VA-2779
87505 SUNDRY NOTICES AND REP	ORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL O	R TO DEEPEN OR PLUG BACK TO A	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERM PROPOSALS.)		Black Lake 5 OB State Com
1. Type of Well: Oil Well Gas Well	Other	8. Well Number 1H
2. Name of Operator Mewbourne Oil Company		9. OGRID Number 14744
3. Address of Operator		10. Pool name or Wildcat
PO Box 5270, Hobbs, NM 88240		WC-015 S252815D; Wolfcamp (Gas)
4. Well Location		
	om the South line and 1980 rhship 25S Range 28E	
	hship 25S Range 28E (Show whether DR, RKB, RT, GR, etc.)	NMPM Eddy County
2968' GL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND A		
TEMPORARILY ABANDON		<del></del>
DOWNHOLE COMMINGLE	CASING/CEIVIENT	30B
OTHER: Move Location   13. Describe proposed or completed operations.	OTHER:	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.		
		•
Mewbourne Oil Company has an approved APD for the above captioned well. After further geological review,		
MOC would like to move the location from 150' FSL & 1980' FEL, Sec 5, T25S, R28E, to 250' FSL & 1980'		
FEL, Sec 5, T25S, R28E.		
BHL A 5 255 280 660 FNC	1980 FEL RE	CEIVED
_	i	5.0.1
Could Date:	n'ni n'	R 01 2013
Spud Date:	Rig Release Date:	D ARTESIA
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Jacky Lathan	TITLE_ Hobbs Regulatory	DATE 02/27/13
$\mathcal{L}$		
Type or print name Yackie Lathan E-1  For State Use Only	mail address: jlathan@mewbourne.com	n PHONE: _575-393-5905
// // Chappan	Listarist	2/1/hnn
APPROVED BY: ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	TITLE OFOLOGIS/	DATE 3/1/2013
Conditions of Approval (if any).	<b>V</b>	