Office	State of New Mexico	Form C-103
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resou	Revised August 1, 2011 WELL API NO.
<u>District II</u> – (575) 748-1283	OIL CONSERVATION DIVISI	ON 30-015-40984
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV (505) 476-2460	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505		VB-2234
87505 SUNDRY NOTI	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK T CATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)		8. Well Number 1H
	Gas Well Other	9. OGRID Number
2. Name of Operator Mewbourne Oil Company		9. OGKID Number 14744
3. Address of Operator		10. Pool name or Wildcat
PO Box 5270 Hobbs, NM 88241		Willow Lake; Bone Spring West 96415
4. Well Location		
	_150feet from theSouth line and	
Section 7	Township 25S Range 28   11. Elevation (Show whether DR, RKB, RT)	
	3061' GL	
	a	
12. Check A	ppropriate Box to Indicate Nature of	Notice, Report or Other Data
NOTICE OF IN		SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		
TEMPORARILY ABANDON	CHANGE PLANS	NCE DRILLING OPNS.
PULL OR ALTER CASING	MULTIPLE COMPL CASING	B/CEMENT JOB
DOWNHOLE COMMINGLE		
OTHER:	OTHER:	Completion Sundry
		letails, and give pertinent dates, including estimated date
of starting any proposed wo proposed completion or reco		Itiple Completions: Attach wellbore diagram of
proposed completion of reco	mpietton.	
		tages w/343,009 gals slickwater, 208,479 gals 20# 0 sand & 438,014# 20/40 SB Excel. Flowback well for
cleanup.	carrying 69,465# 100 mesh, 1,005,670# 20/4	
-		
11/06/13 Put well on production.		DECENTED
11/20/13 RIH w/2 <sup>7</sup> /s" 6.5 L-80 tbg &	ک GLV's to 7616'.	RECEIVED
		NOV <b>26</b> 2013
Spud Date: 08/28/2013	Rig Release Date: (	09/19/13 NMOCD ARTES A
Lhereby certify that the information	above is true and complete to the best of my l	knowledge and belief
Thereby certify that the information i	to ve is true and complete to the best of my i	knowledge and bench.
SIGNATURE	Sthe of TITLE Hobbs Possila	tom/ DATE 11/05/12
Signature ficture	Fathan_TITLE_Hobbs Regular	toryDATE11/25/13
Type or print name _Yackie Lathan	E-mail address: jlathan@n	newbourne.comPHONE: 575-393-5905
For State Use Only		
APPROVED BY:	I TITLE DISF PRSY	Pluist DATE 11/26/2013
Conditions of Approval (if any):		
		J.

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