

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

Form C-103
 Revised August 1, 2011

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

WELL API NO. 30-015-41729
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Salt Draw 2 CN Fee
8. Well Number 2H
9. OGRID Number 14744
10. Pool name or Wildcat WC; Salt Draw; Wolfcamp (Gas) 97721
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2971'

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 Company

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

4. Well Location
 Unit Letter C _____ : 150 _____ feet from the North _____ line and 1670 _____ feet from the West _____ line
 Section 2 _____ Township 25S Range 28E NMPM Eddy County

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

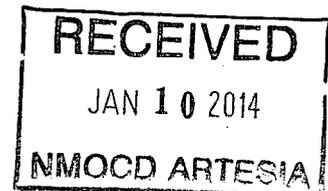
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE 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"/>			
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.

12/31/13...MI & spud 17 1/2" hole. TD'd hole @ 448'. Ran 448' of 13 3/8" 48# H40 ST&C csg. Cemented with 500 sks Class "C" w/2% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Plug down @ 9:30 A.M. 01/01/14. WOC. Did not circ cmt. Slow rate lift pressure @ 160# @ 3 BPM. Ran temp survey indicating TOC @ 45'. RIH w/1" pipe & tag @ 50'. Cmt in 1 stage w/60 sks Class C Neat. Mixed 14.8#/g w/1.34 yd. Circ 13 sks of cmt to the pit. At 12:30 P.M. 01/03/14, tested BOPE & csg to 1250# for 30 minutes, held OK. Drilled out with 12 1/4" bit.

Spud Date: 12/31/2013

Rig Release Date:



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

SIGNATURE Jackie Lathan TITLE Hobbs Regulatory DATE 01/09/14

Type or print name Jackie Lathan E-mail address: jlathan@mewbourne.com PHONE: 575-393-5905

For State Use Only

APPROVED BY Dr. Wade TITLE Dr. P. Spewer DATE 1/15/2014

Conditions of Approval (if any):