

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**SUNDRY NOTICES AND REPORTS ON WELLS**
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.***SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM0144698
2. Name of Operator MEWBOURNE OIL COMPANY Contact: JACKIE LATHAN E-Mail: jlathan@mewbourne.com		6. If Indian, Allottee or Tribe Name
3a. Address P O BOX 5270 HOBBS, NM 88241	3b. Phone No. (include area code) Ph: 575-393-5905	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 6 T20S R29E SENE 2250FNL 0200FEL 32.603974 N Lat, 104.105937 W Lon		8. Well Name and No. SAVAGE 5 EH FEDERAL 1H
		9. API Well No. 30-015-41897-00-X1
		10. Field and Pool, or Exploratory WINCHESTER
		11. County or Parish, and State EDDY COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

02/26/14 TD 8 3/4" hole @ 7170. Ran 7170' of 7" 26# P110 BT&C csg. Cemented with 550 sks EconoCem-HLH w/additives. Mixed @ 12.5 #/g w/2.02 yd. Tail w/400 sks HalCem-H w/additives. Mixed @ 15.6 #/g w/1.20 yd. Plug down @ 10:00 AM 02/27/14. Circ 120 sks of cement to pit. WOC. At 8:30 P.M. 02/28/14, tested csg to 1500# for 30 minutes, held OK. Tested csg to 7500#. Drilled out with 6 1/8" bit.

Chart & schematic attached.

Bond on file: NM1693 nationwide & NMB000919

NM OIL CONSERVATION
ARTESIA DISTRICT

SEP 17 2014

Accepted for record

LRD NMOC 9-17-2014

ACCEPTED FOR RECORD

SEP 13 2014

BUREAU OF LAND MANAGEMENT

CARLSBAD FIELD OFFICE

14. I hereby certify that the foregoing is true and correct.

RECEIVED
Electronic Submission #238609 verified by the BLM Well Information System
For MEWBOURNE OIL COMPANY, sent to the Carlsbad
Committed to AFMSS for processing by ANGEL MAYES on 05/02/2014 (14AXM0038SE)

Name (Printed/Typed) JACKIE LATHAN	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 03/12/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		Office _____

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

Revisions to Operator-Submitted EC Data for Sundry Notice #238609

	Operator Submitted	BLM Revised (AFMSS)
Sundry Type:	DRG SR	DRG SR
Lease:	NMNM0144698	NMNM0144698
Agreement:		
Operator:	MEWBOURNE OIL COMPANY PO BOX 5270 HOBBS, NM 88241 Ph: 575-393-5905	MEWBOURNE OIL COMPANY P O BOX 5270 HOBBS, NM 88241 Ph: 575-393-5905
Admin Contact:	JACKIE LATHAN AUTHORIZED REPRESENTATIVE E-Mail: jlathan@mewbourne.com Ph: 575-393-5905	JACKIE LATHAN AUTHORIZED REPRESENTATIVE E-Mail: jlathan@mewbourne.com Ph: 575-393-5905
Tech Contact:	JACKIE LATHAN AUTHORIZED REPRESENTATIVE E-Mail: jlathan@mewbourne.com Ph: 575-393-5905	JACKIE LATHAN AUTHORIZED REPRESENTATIVE E-Mail: jlathan@mewbourne.com Ph: 575-393-5905
Location:		
State:	NM	NM
County:	EDDY	EDDY
Field/Pool:	WINCHESTER BONE SPRING	WINCHESTER
Well/Facility:	SAVAGE 5 EH FEDERAL 1H Sec 6 T20S R29E SENE 2250FNL 200FEL	SAVAGE 5 EH FEDERAL 1H Sec 6 T20S R29E SENE 2250FNL 0200FEL 32.603974 N Lat, 104.105937 W Lon

MAN WELDING SERVICES, INC

Company Mewbourne Date 2-27-14
Lease Savage 5 EH Fed #1H County Eddy NM
Drilling Contractor Patterson 46 Plug & Drill Pipe Size C-22 11' 35 LF
Accumulator Pressure: 2000 Manifold Pressure: 1500 Annular Pressure: 1300

Accumulator Function Test - OO&GO#2

To Check - **USABLE FLUID IN THE NITROGEN BOTTLES** (III.A.2.c.i. or ii or iii)

- Make sure all rams and annular are open and if applicable HCR is closed.
- Ensure accumulator is pumped up to working pressure! (Shut off all pumps)
- 1. Open HCR Valve. (If applicable)
- 2. Close annular.
- 3. Close all pipe rams.
- 4. Open one set of the pipe rams to simulate closing the blind ram.
- 5. For 3 ram stacks, open the annular to achieve the 50+ % safety factor. (5M and greater systems)
- 6. Record remaining pressure 1750 psi. Test Fails if pressure is lower than required.
 - a. {950 psi for a 1500 psi system} b. {1200 psi for a 2000 & 3000 psi system}
- 7. If annular is closed, open it at this time and close HCR.

To Check - **PRECHARGE ON BOTTLES OR SPHERICAL** (III.A.2.d.)

- Start with manifold pressure at, or above, maximum acceptable pre-charge pressure:
 - a. {800 psi for a 1500 psi system} b. {1100 psi for 2000 and 3000 psi system}
- 1. Open bleed line to the tank, slowly. (gauge needle will drop at the lowest bottle pressure)
- 2. Close bleed line. Barely bump electric pump and see what pressure the needle jumps up to.
- 3. Record pressure drop 1000 psi. Test fails if pressure drops below minimum.
- Minimum: a. {700 psi for a 1500 psi system} b. {900 psi for a 2000 & 3000 psi system}

To Check - **THE CAPACITY OF THE ACCUMULATOR PUMPS** (III.A.2.f.)

- Isolate the accumulator bottles or spherical from the pumps & manifold.
- Open the bleed off valve to the tank, {manifold psi should go to 0 psi} close bleed valve.
- 1. Open the HCR valve, (if applicable)
- 2. Close annular
- 3. With pumps only, time how long it takes to regain the required manifold pressure.
- 4. Record elapsed time 1:21. Test fails if it takes over 2 minutes.
 - a. {950 psi for a 1500 psi system} b. {1200 psi for a 2000 & 3000 psi system}



MAN
WELDING SERVICES

WELDING • BOP TESTING
NIPPLE UP SERVICE • BOP LIFTS • TANDEM
MUD AND GAS SEPARATORS
Lovington, NM • 575-398-4540

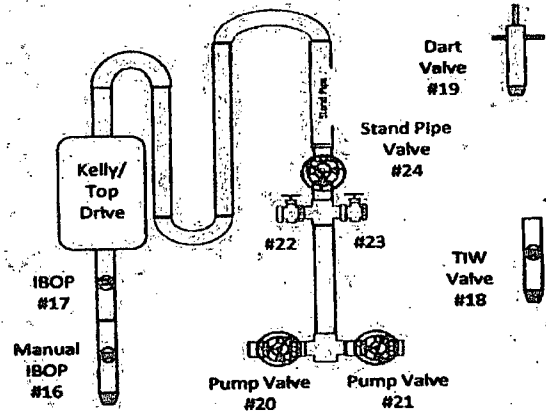
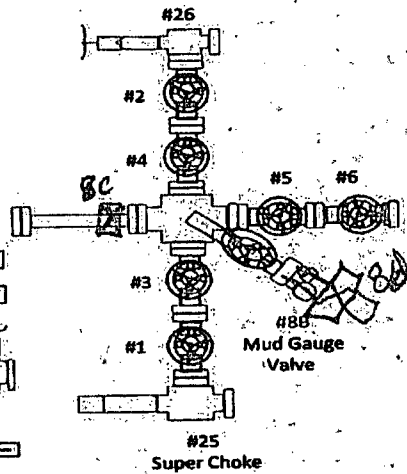
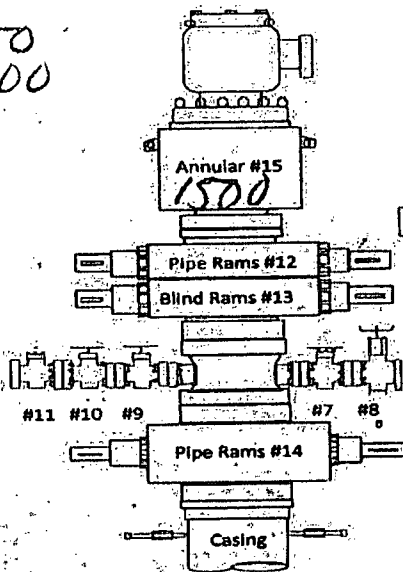
Pg. _____ of _____

Company: Newbourne Date: 2-27-14 Invoice # _____
Lease: Savage 5 FH Fed #1H Drilling Contractor: RATTERSON Rig # 46
Plug Size & Type: C 22 II Drill Pipe Size: 3.5 IF Tester: ROSS DAVIS
Required BOP: _____ Installed BOP: _____

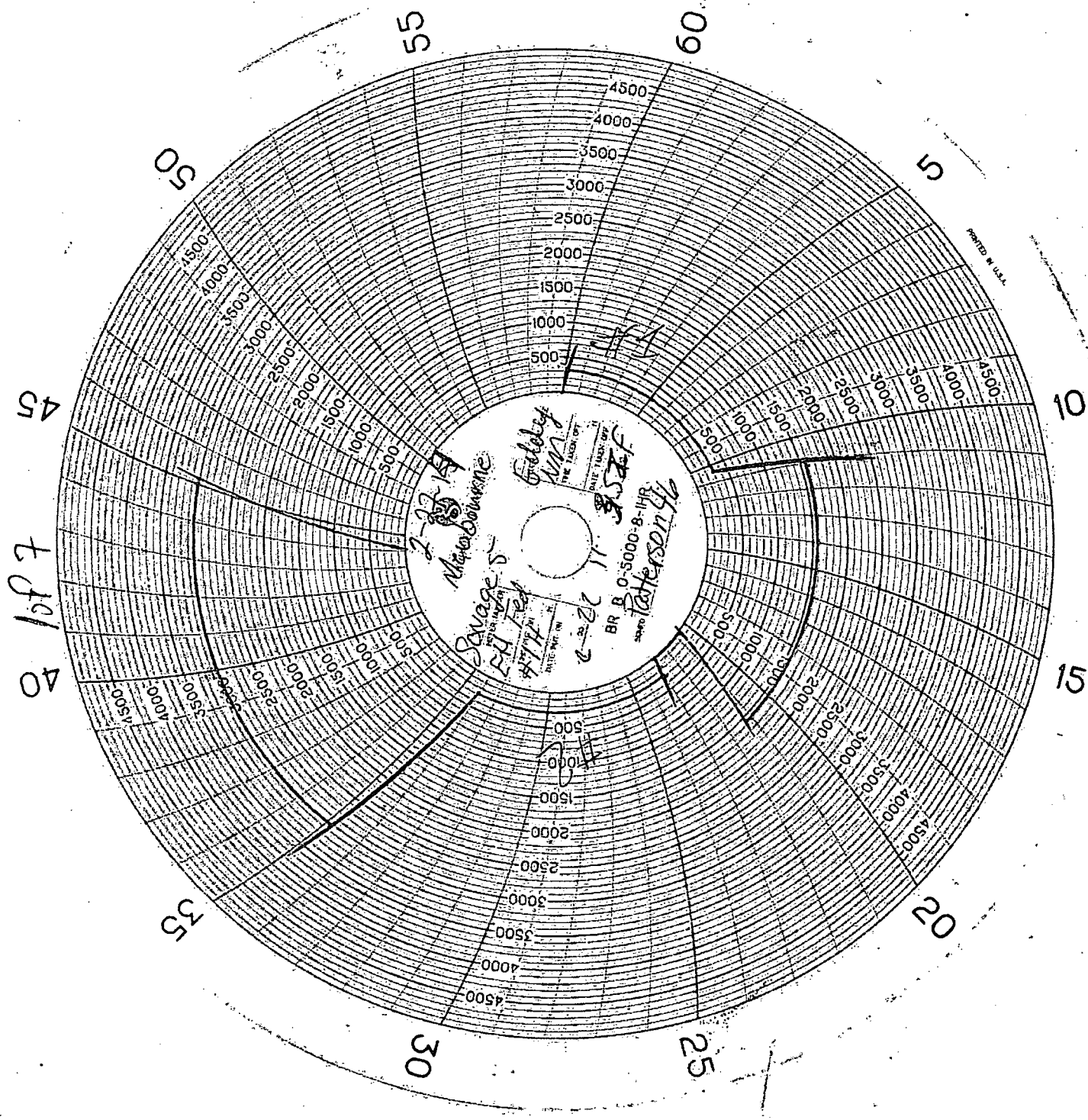
*Appropriate Casing Valve Must Be Open During BOP Test *

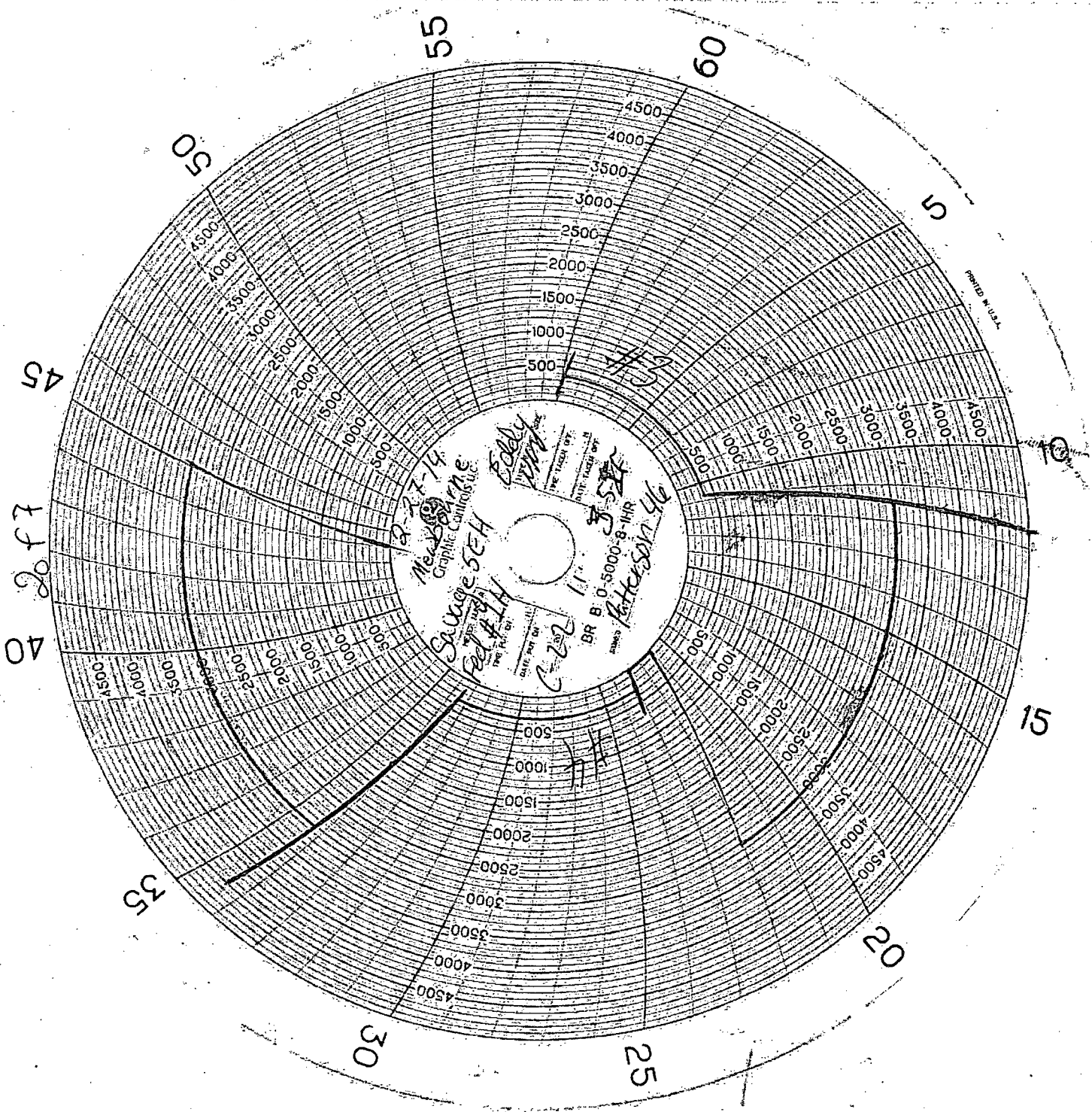
* Check Valve Must Be Open/Disabled To Test Kill Line Valves *

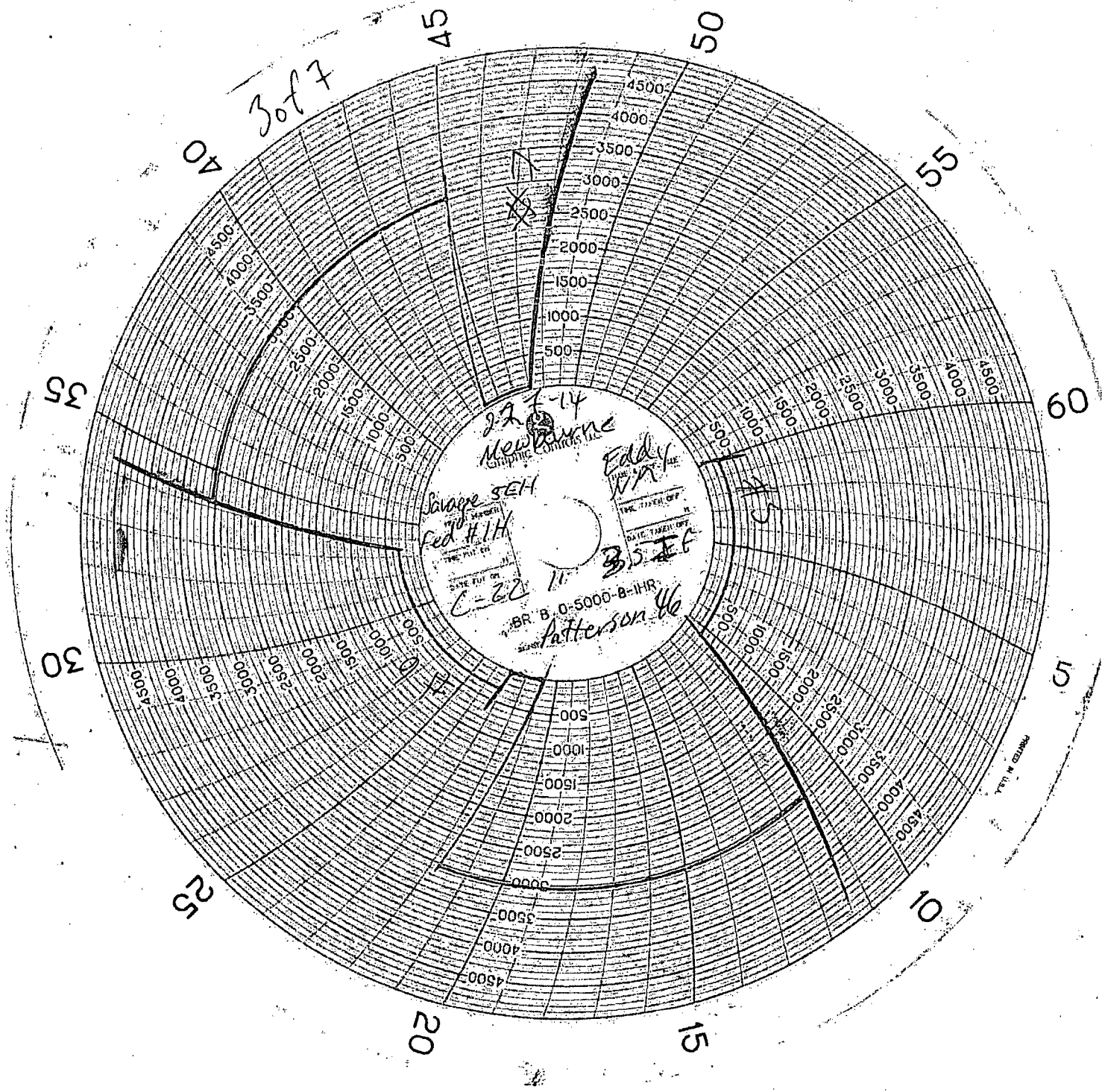
250
3000

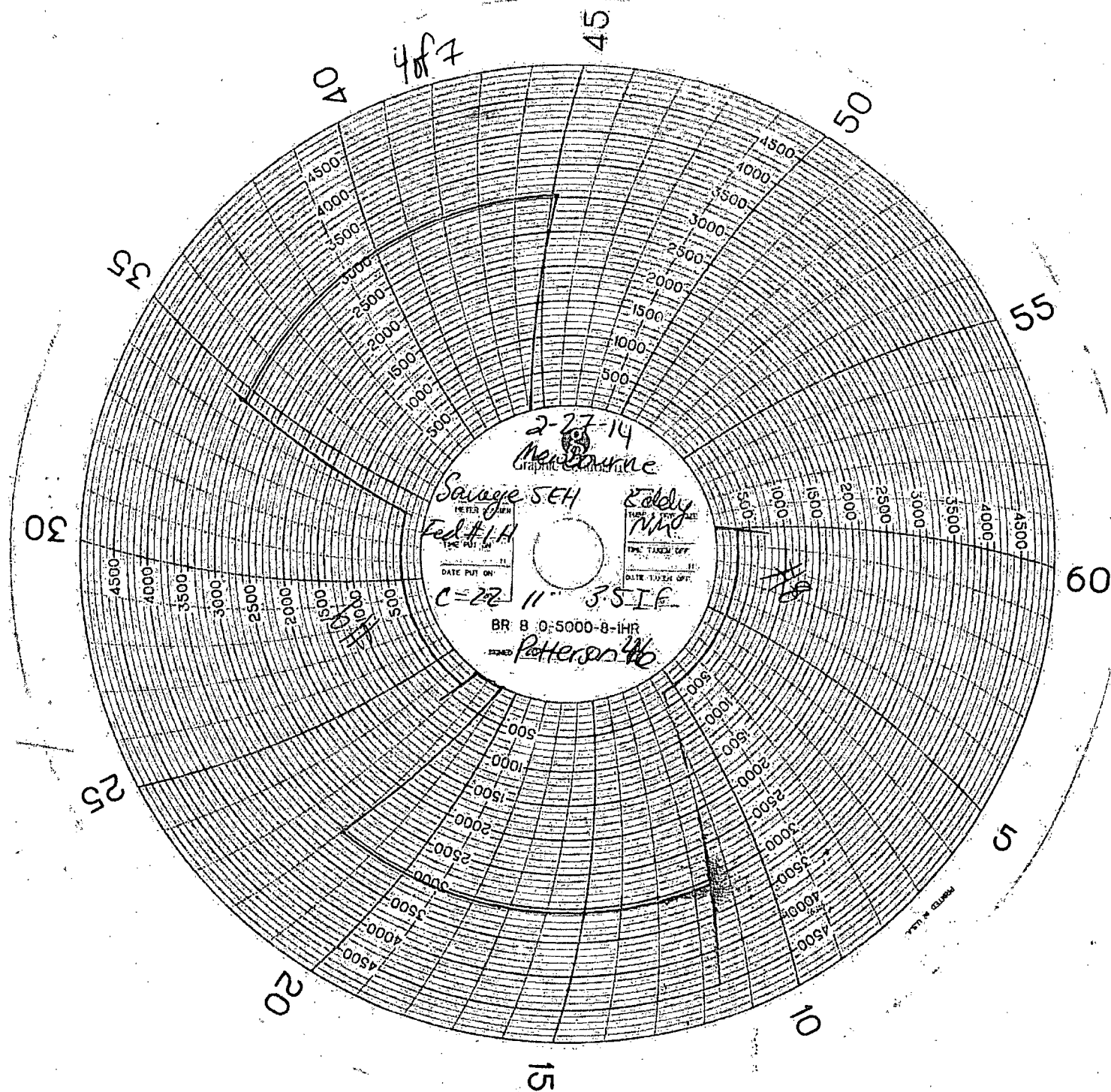


TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1	#15 #9 #7	10-10	250	1500	Good Test
2	#12 #9 #7	10-10	250	3000	Good Test
3	#12 #10 #8	10-10	250	3000	Good Test
4	#12 #11 #8C	10-10	250	3000	Good Test
5	#12 #12 #8B	10-10	250	3000	Good Test
6	#12 #9 #8 #2 #4 #5	10-10	250	3000	Good Test
7	#12 #9 #25 #2 #5	Bump test		3000	Good Test
8	#13 #9 #8	10-10	250	3000	Good Test
9	18	10-10	250	3000	Good Test
10	19	10-10	250	3000	Good Test
11	16	10-10	250	3000	Good Test
12	17	10-10	250	3000	Good Test
13	#20 #21 #22 #23	10-10	250	3000	Good Test
14	#24	10-10	250	3000	Good Test









04 50 of 7

45

50

55

60

5

10

15

20

25

30

35

40

45

50

55

60

65

70

75

80

85

90

95

100

105

110

115

120

125

130

135

140

145

150

155

160

165

170

175

180

185

190

195

200

205

210

215

220

225

230

235

240

245

250

255

260

265

270

275

280

285

290

295

300

305

310

315

320

325

330

335

340

345

350

355

360

365

370

375

380

385

390

395

400

405

410

415

420

425

430

435

440

445

450

455

460

465

470

475

480

485

490

495

500

505

510

515

520

525

530

535

540

545

550

555

560

565

570

575

580

585

590

595

600

605

610

615

620

625

630

635

640

645

650

655

660

665

670

675

680

685

690

695

700

705

710

715

720

725

730

735

740

745

750

755

760

765

770

775

780

785

790

795

800

805

810

815

820

825

830

835

840

845

850

855

860

865

870

875

880

885

890

895

900

905

910

915

920

925

930

935

940

945

950

955

960

965

970

975

980

985

990

995

1000

1005

1010

1015

1020

1025

1030

1035

1040

1045

1050

1055

1060

1065

1070

1075

1080

1085

1090

1095

1100

1105

1110

1115

1120

1125

1130

1135

1140

1145

1150

1155

1160

1165

1170

1175

1180

1185

1190

1195

1200

1205

1210

1215

1220

1225

1230

1235

1240

1245

1250

1255

1260

1265

1270

1275

1280

1285

1290

1295

1300

1305

1310

1315

1320

1325

1330

1335

1340

1345

1350

1355

1360

1365

1370

1375

1380

1385

1390

1395

1400

1405

1410

1415

1420

1425

1430

1435

1440

1445

1450

1455

1460

1465

1470

1475

1480

1485

1490

1495

1500

1505

1510

1515

1520

1525

1530

1535

1540

1545

1550

1555

1560

1565

1570

1575

1580

1585

1590

1595

1600

1605

1610

1615

1620

1625

1630

1635

1640

1645

1650

1655

1660

1665

1670

1675

1680

1685

1690

1695

1700

1705

1710

1715

1720

1725

