Submit 1 Copy To Appropriate District			F (142
Cifice	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		Form C-103 Revised July 18, 2013
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			WELL API NO. 30-015-42696
811 S. First St., Artesia, NM 88210 District III - (505) 334-6178			5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No. E-1819-4 & VB-405
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			Bradley 36 B2DA State Com 8. Well Number
1. Type of Well: Oil Well 🔀	Gas Well 🔲 Other		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 88241			Santo Nino; Bone Spring 54600
4. Well Location Unit Letter D :	540 feet from the North	line and 185	feet from the West line
Section 36	Township 18S Range	29E N	IMPM Eddy County
	11. Elevation (Show whether DR, 1 3442'	RKB, RT, GR, etc.)	
10 (1)		tuno of Notice D	anout on Other Data
	ppropriate Box to Indicate Na		
PERFORM REMEDIAL WORK			ALTERING CASING
PULL OR ALTER CASING		CASING/CEMENT	
	_		
CLOSED-LOOP SYSTEM		OTHER: Comple	tion Sundry
			give pertinent dates, including estimated date
of starting any proposed wor proposed completion or reco		For Multiple Com	oletions: Attach wellbore diagram of
	s from 8469' MD to 12616 MD in 20 660# 100 Mesh, 1,526,160# 20/40 sa		gals slickwater, 215.365 gals 20# Linear gel, 40 Oil Plus Sand.
3/12/15 RIH w/2 ⁷ / ₈ " 6.5# L80 tbg &	& ESP to 7848' & put well on produc	ction.	
			NM OIL CONSERVATION ARTESIA DISTRICT
pud Date: 12/10/14	Rig Release Date: 12/31/14		MAR 2 5 2015
			RECEIVED
hereby certify that the information a	above is true and complete to the bes	t of my knowledge	and belief.
IGNATURE Decke	Lathan TITLE_Regula	itory	DATE_03/23/15
ype or print nameJackie Lathan <u>or State Use Only</u>	E-mail address: jla	athan@mewbourne.	
APPROVED BY:	COL TITLE / 15	- TSplu	1/SVI DATE 3/25 /00/5-
Conditions of Approval (if any):		,	

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