UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FOR	M A	PPR	OVE	Ð
ОМВ	NO.	.100	4-01	35
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SUNDRY	NMNM114971					
Do not use thi abandoned wel	6. If Indian, Allottee or Tribe Name					
SUBMIT IN TRI	7. If Unit or CA/Agreement, Name and/or No.					
I. Type of Well ☑ Oil Well ☐ Gas Well ☐ Oth	8. Well Name and No. OWL DRAW 27 22 B2MD FED COM 1H					
Name of Operator MEWBOURNE OIL COMPAN	9. API Well No. 30-015-43331-00-X1					
3a. Address P O BOX 5270 HOBBS, NM 88241		hone No. (include area code 575-393-5905			10. Field and Pool, or Exploratory HAY HOLLOW	
4. Location of Well (Footage, Sec., T.		11. County or Parish, and State				
Sec 27 T26S R27E SWSW 17	EDDY COUNTY, NM					
12. CHECK APPR	COPRIATE BOX(ES) TO IND	ICATE NATURE OF	NOTICE, RI	EPORT, OR OTHEI	R DATA	
TYPE OF SUBMISSION	F ACTION					
☐ Notice of Intent	☐ Acidize	□ Deepen	pen Product		■ Water Shut-Off	
_	☐ Alter Casing	☐ Fracture Treat	☐ Reclam:	ation ·	■ Well Integrity	
Subsequent Report		☐ New Construction	Recomp		Other Well Spud	
☐ Final Abandonment Notice		□ Plug and Abandon	□ Temporarily Abandon		wen spad	
	☐ Convert to Injection ☐ Plug Back		□ Water I	☐ Water Disposal		
following completion of the involved testing has been completed. Final Ah determined that the site is ready for fi 9/25/2015 Spud 17 1/2" hole. 400 sks Class C w/ additives.	/ TD hole at 387'. Ran 387' of 13 Mixed @ 14.8#/g w/1.34 yd. Plu sted BOPE & Annular to 2000# Illed out w/ 12 1/4" bit.	a multiple completion or recontres all requirements, including 3/8" 54.5# J55 ST&C (ag down @ 8:45 A.M. (c). At 11:00 p.m. 9/27/15	completion in a reding reclamation Csg. Cement 09/26/2015. 5, tested csg	new interval, a Form 316(s, have been completed, a ed with Circ 92	0-4 shall be filed once	
Charts and schematic attached	d.	PROJUGOD	^{ାଷ୍ଠ} NM O	IL CONSERVA	TION	
Pump rate chart attached.	•	(20 K		ARTESIA DISTRICT		
Bond on file: NM1693 nationw	ide & NMB000919	B000919 FRD		FEB 0 8 2016		
				RECEIVED		
14. I hereby certify that the foregoing is	Electronic Submission #318086	L COMPANY, sent to the	he Carlsbad	<i>T</i>		
Name (Printed/Typed) JACKIE LA	ATHAN	Title AUTHO	ORIZED REP	RESENTATIVE-	Kon	
Signature (Electronic S		Date 09/29/2		ED FOR MEA		
	THIS SPACE FOR FE	DERAL OR STATE	OFFICE U	2 6/ 20/6 /	Mac XI M	
Approved By		Title	DMR-A	CE LAND JANAGEN LESDAD FIE D DEFIC	NENT Date	
Conditions of approval, if any, are attached certify that the applicant holds legal or equi which would entitle the applicant to condu	itable title to those rights in the subject		CAI	H-SBAD A IL U MEFIC		
Fitle 18 U.S.C. Section 1001 and Title 43 to States any false, fictitious or fraudulent s	J.S.C. Section 1212, make it a crime for	or any person knowingly and	d willfully to ma	ke to any department or	agency of the United	