orm 3160-5 une 2015)	UNITED STA DEPARTMENT OF TH		Deel Ma		OMB 1	APPROVED NO. 1004-0137	
	BUREAU OF LAND MA	ANAGEMENT (Lease Serial No.	January 31, 2018	
Do not u	enter an		NMNM045273				
	ed well. Use form 3160-3 (If Unit or CA/Age	eement, Name and/or No.	
	IIT IN TRIPLICATE - Other	instructions on	page 2		SW241		
 Type of Well Oil Well Gas Well	Other				Well Name and No BOGLE FLATS I	ED UNIT 3 Y1KC 1H	
2. Name of Operator MEWBOURNE OIL CO	Conta	ct: JACKIE LATI @mewbourne.com			API Well No. 30-015-29228-	00-S1	
			hone No. (include area code) 575-393-5905		10. Field and Pool or Exploratory Area INDIAN BASIN-STRAWN		
4. Location of Well (Footage	, Sec., T., R., M., or Survey Descrip	ption)		11.	County or Parish	State	
Sec 3 T22S R23E NES	W 1647FSL 1651FWL				EDDY COUNT	Y, NM	
12. CHECK T	HE APPROPRIATE BOX(ES) TÓ INDICA	TE NATURE O	F NOTICE, RE	PORT, OR OT	HER DATA	
TYPE OF SUBMISSION	N	TYPE OF ACTION					
		Deep	pen	Production (Start/Resume)	U Water Shut-Off	
Notice of Intent	Alter Casing	🗖 Hyd	raulic Fracturing	Reclamation	l i	U Well Integrity	
Subsequent Report	Casing Repair	🗖 New	Construction	Recomplete		Other	
Final Abandonment No	otice 🔲 Change Plans	Change Plans DPlug		Temporarily	rarily Abandon Hydraulic Fracture Disposal		
	Convert to Inject	Convert to Injection Plug		U Water Dispo			
If the proposal is to deepen d	eted Operation: Clearly state all pe irrectionally or recomplete horizont	ally, give subsurface	locations and measu	ed and true vertical	depths of all perti	nent markers and zones.	
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