

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.

5. Lease Serial No.
NMNM013413A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.
OXBOW 26/25 W0DA FED COM 2H

9. API Well No.
30-015-44972-00-X1

10. Field and Pool or Exploratory Area
WILDCAT

11. County or Parish, State
EDDY COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
MEWBOURNE OIL COMPANY
Contact: JACKIE LATHAN
E-Mail: jlathan@mewbourne.com

3a. Address
P O BOX 5270
HOBBS, NM 88241

3b. Phone No. (include area code)
Ph: 575-393-5905

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 26 T25S R28E NWNW 490FNL 365FWL
32.106789 N Lat, 104.065308 W Lon

12. CHECK THE 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"/> Hydraulic Fracturing	<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 Well Spud
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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 recomplate 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

07/08/18..Spud 17 1/2" hole @ 525'. Ran 510' of 13 3/8" 54.5# J55 ST&C Csg. Cemented with 500 sks Class C w/1% CaCl2. Mixed @ 14.8/g w/ 1.34 yd. Displaced w/70 bbls of BW. Plug down @ 3:15 PM
07/09/18. Circ 80 sks of cmt to the pits. Test BOPE to 5000# & Annular to 3500#. At 7:15 P.M.
07/10/18, tested csg to 1500#, held OK. FIT test to 10.5 PPG EMW. Drilled out with 12 1/4" bit.

Charts & Schematic attached.

Bond on file: NM1693 nationwide & NMB000919

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

**Electronic Submission #430211 verified by the BLM Well Information System
For MEWBOURNE OIL COMPANY, sent to the Carlsbad
Committed to AFMSS for processing by PRISCILLA PEREZ on 08/08/2018 (18PP2427SE)**

Name (Printed/Typed) RUBY O CABALLERO Title REGULATORY

Signature (Electronic Submission) Date 08/07/2018

THIS SPACE FOR FEDERAL OFFICE USE ACCEPTED FOR RECORD

Approved By _____ Title _____ Date AUG 10 2018 /s/ Jonathon Shepard

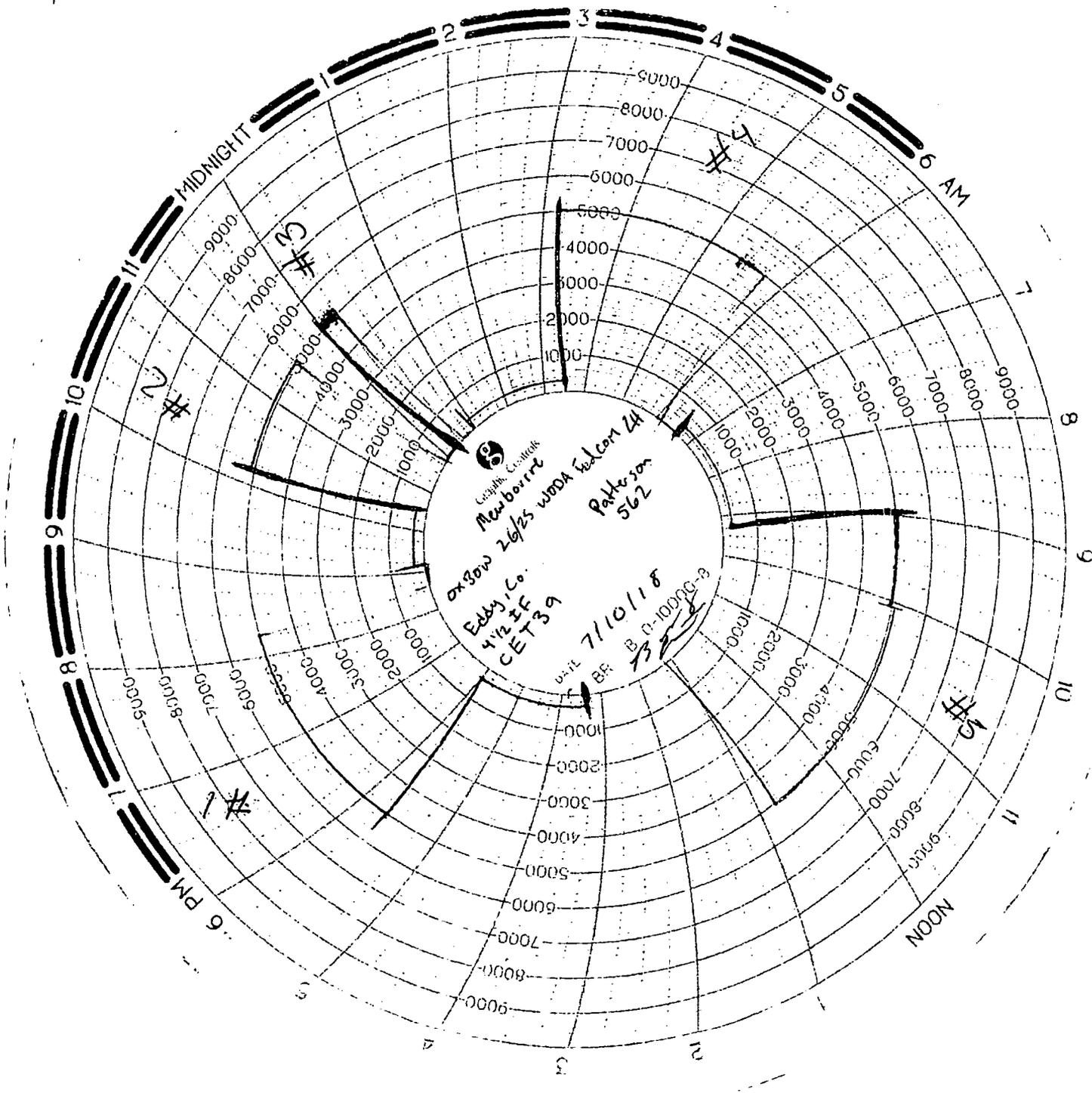
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

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.

(Instructions on page 2)

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

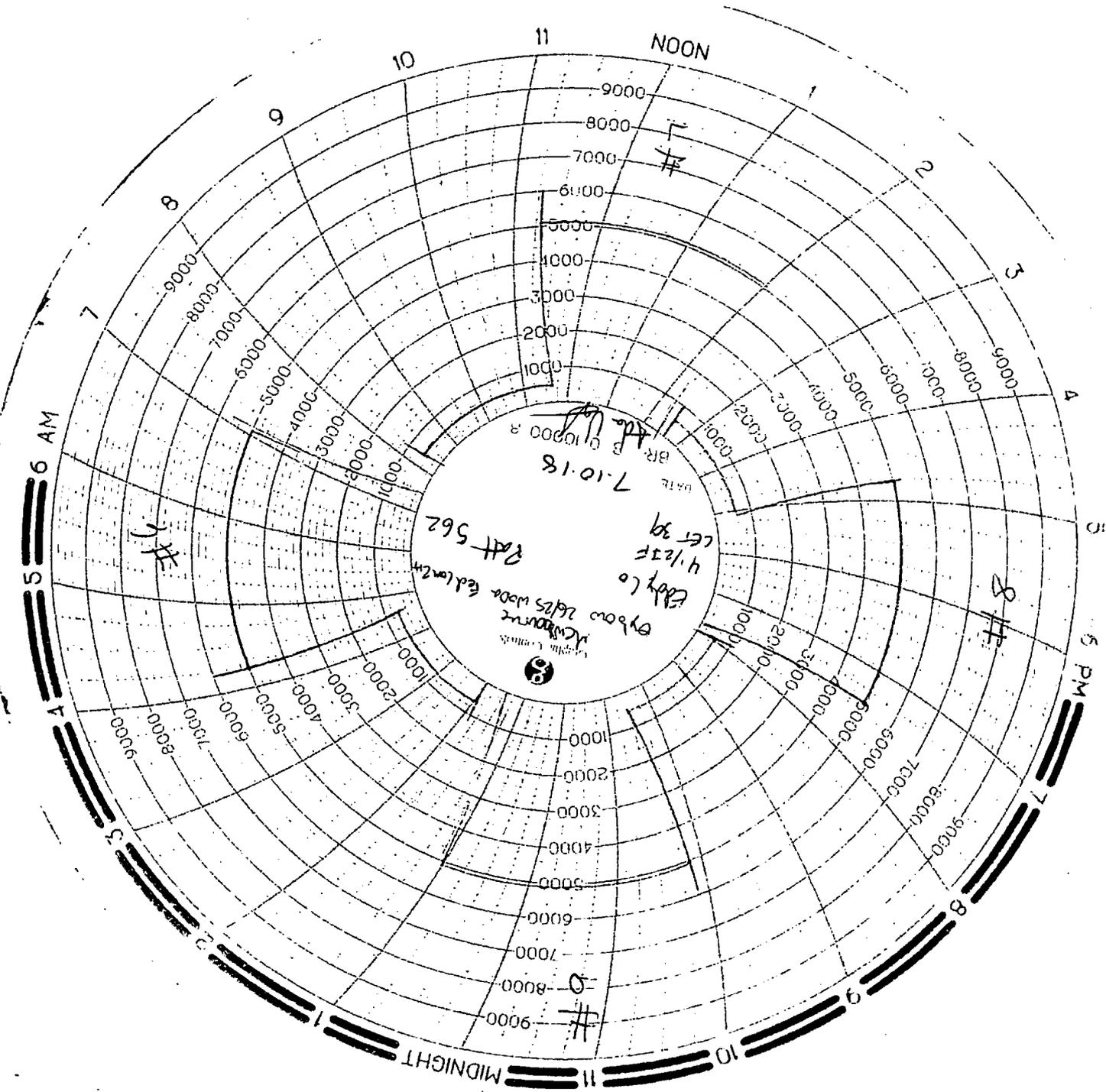


Capable Controls
Newberry
ORSON 261/25 WDA Telcom 24
Patterson
562
Eddy, Co.
412 34
CET 39
7/10/18
BR. B. 10-1000-2

9000
8000
7000
6000
5000
4000
3000
2000
1000

1
2
3
4
5
6
7
8
9
10
11
12

MIDNIGHT
6 AM
NOON
6 PM



11 NOON

10

9

8

7

6 AM

5

4

3

2

MIDNIGHT

11

10

9

8

7

5 PM

10

4

3

2

1

9000

8000

7000

6000

5000

4000

3000

2000

1000

1000

2000

3000

4000

5000

6000

7000

8000

9000

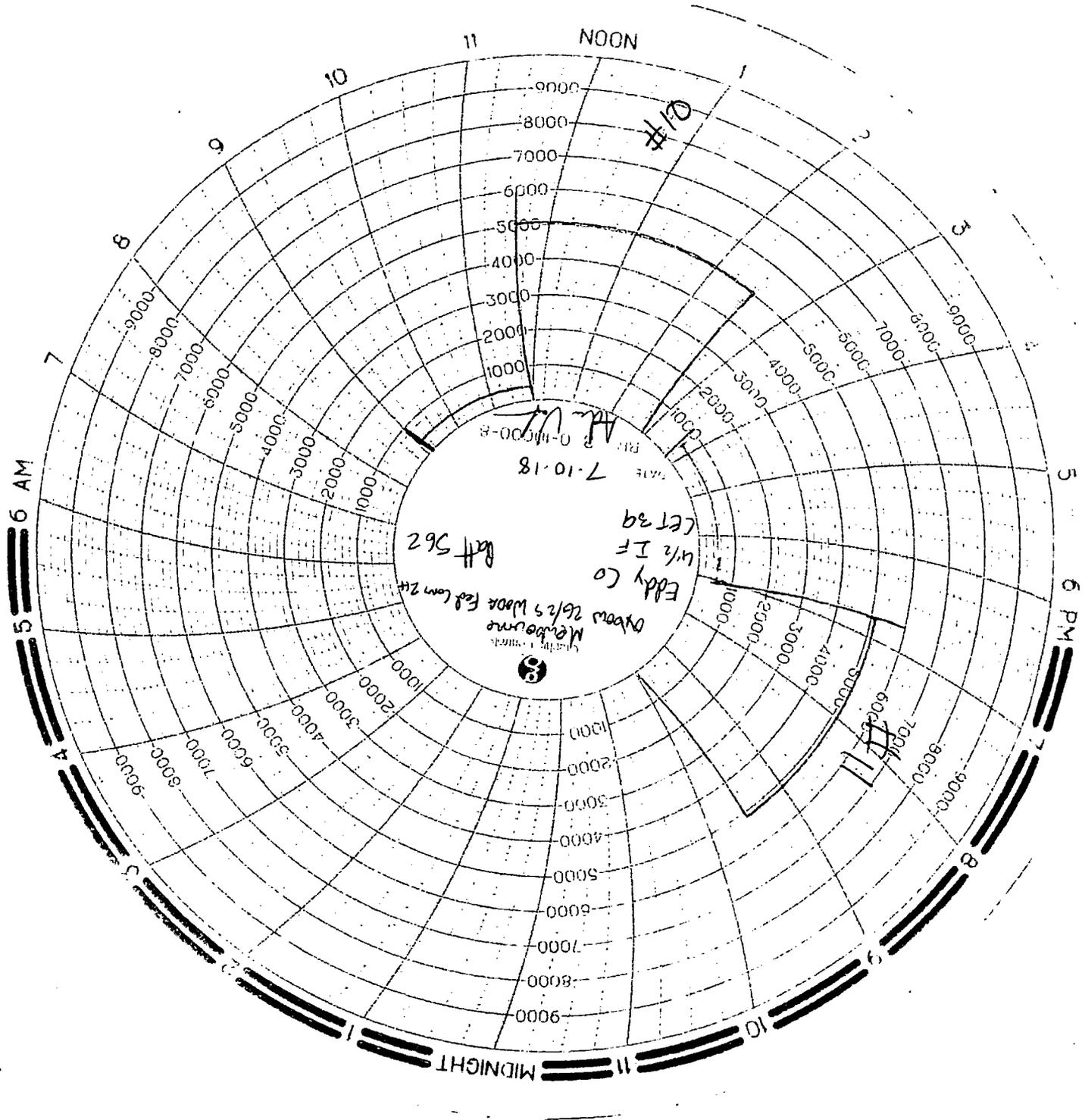
DATE 7-10-18
BR 01000 a
4/12F
Edy Co
Syracuse Waders Ed length
PAT 562

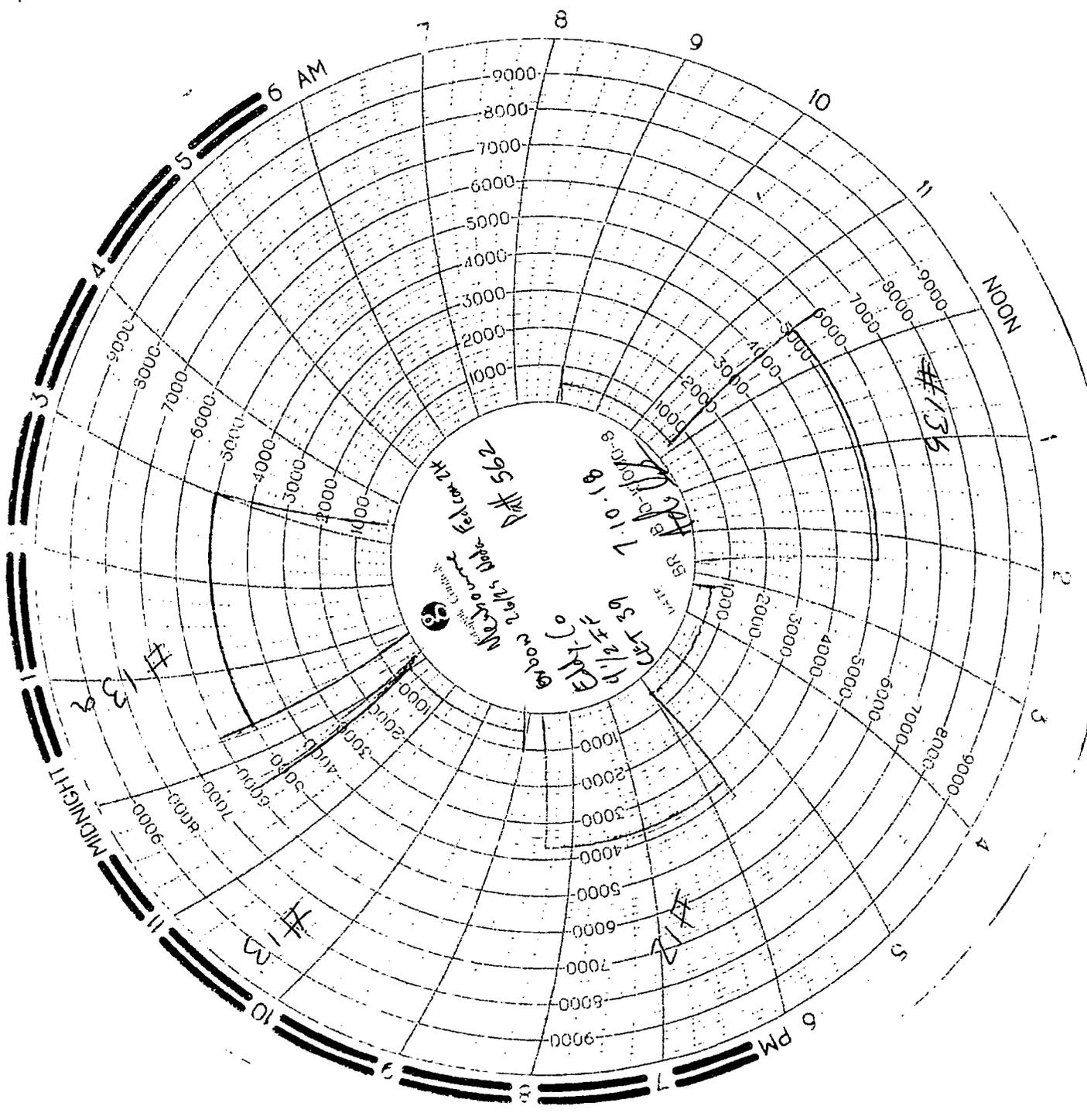
J #

S #

J #







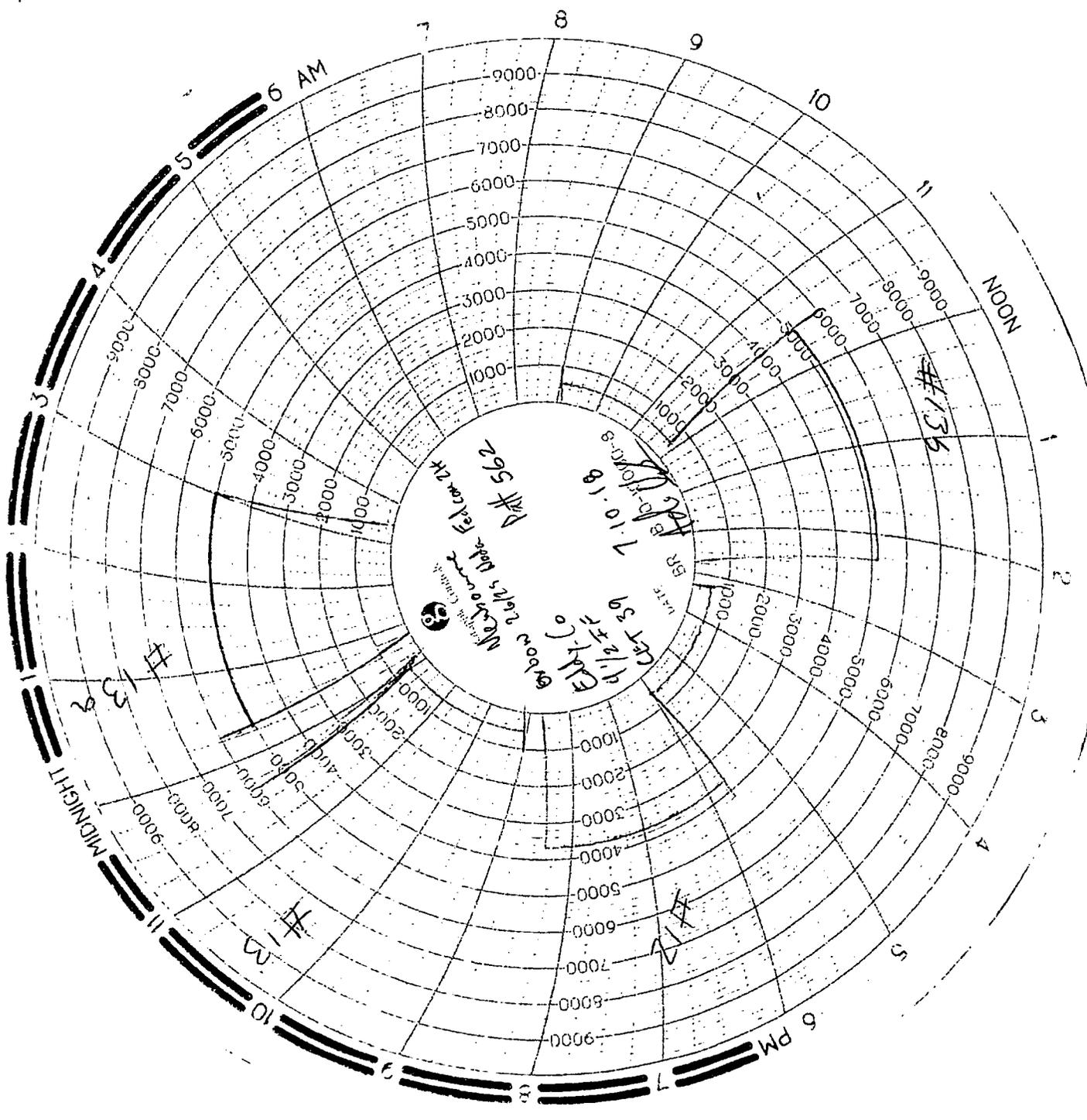
NCS Energy Control
 7.10.18
 Pkt 562
 Pkt 59
 1.10.18
 7.10.18
 1000
 2000
 3000
 4000
 5000
 6000
 7000
 8000
 9000

MIDNIGHT

NOON

6 PM

6 AM



MAN WELDING SERVICES, INC

Company M. W. Services Date 7-9-18

Lease X-100W 26/25 WODA FHC COM 24 County Eddy County

Drilling Contractor Yatton 562 Plug & Drill Pipe Size 1 1/2" 110' CT-9

Accumulator Pressure: _____ Manifold Pressure: _____ Annular Pressure: _____

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** 1500 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** 1:45. **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 • 575-396-4540

Pg. _____ of _____

Company: _____ Date: _____ Invoice # _____

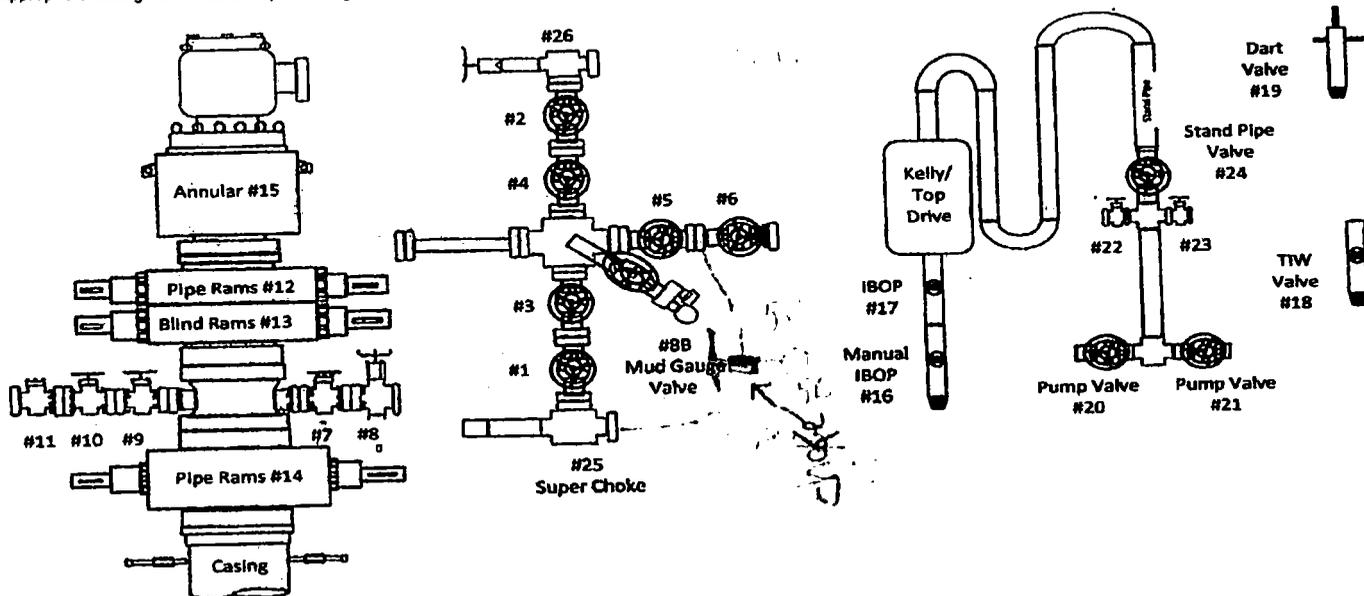
Lease: _____ Drilling Contractor: _____ Rig # _____

Plug Size & Type: _____ Drill Pipe Size _____ Tester: _____

Required BOP: _____ Installed BOP: _____

Appropriate Casing Valve Must Be Open During BOP Test

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



TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1.	Annular	1000	100	5000	Pass
2.	Blind Rams	1000	100	5000	Pass
3.	IBOP	1000	100	5000	Pass
4.	Manual IBOP	1000	100	5000	Pass
5.	Pump Valve #20	1000	100	5000	Pass
6.	Pump Valve #21	1000	100	5000	Pass
7.	Stand Pipe Valve #24	1000	100	5000	Pass
8.	Super Choke	1000	100	5000	Pass
9.	Super Choke	1000	100	5000	Pass
10.	Super Choke	1000	100	5000	Pass
11.	Super Choke	1000	100	5000	Pass
12.	Super Choke	1000	100	5000	Pass
13.	Super Choke	1000	100	5000	Pass
14.	Super Choke	1000	100	5000	Pass
15.	Super Choke	1000	100	5000	Pass
16.	Super Choke	1000	100	5000	Pass
17.	Super Choke	1000	100	5000	Pass