

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. <b>30-005-63040</b>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name <b>Pecos Slope 34 Comm</b>
8. Well Number <b>1</b>
9. OGRID Number <b>14774</b>
10. Pool name or Wildcat <b>Pecos Slope Abo</b>

SUNDRY NOTICES AND REPORTS ON WELLS  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  
 1. Type of Well: Oil Well  Gas Well  Other

2. Name of Operator  
**Mewbourne Oil Company**

3. Address of Operator  
**P.O. Box 5270, Hobbs, NM 88241**

4. Well Location  
 Unit Letter **E** : **1980** feet from the **N** line and **660** feet from the **W** line  
 Section **34** Township **5S** Range **25E** NMPM County **Chaves**

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
**3700'**

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

04/18/19 MIRU plugging equipment. Dug out cellar. 04/22/19 Pump'd brine H2O in well. ND well head, NU BOP. Set 5 1/2" CIBP @ 3682'. Pressure tested csg, held 500 PSI. Circulated hole w/ MLF. 04/24/19 Spotted 25 sx class C cmt 3680-3433'. WOC. Tagged plug @ 3455'. Spotted 25 sx class C cmt @ 2190-1943'. WOC. Tagged plug @ 1990'. Perf'd csg @ 1850'. Squeezed 100 sx class C cmt @ 1850-1499'. WOC. 04/25/19 Tagged plug @ 1455'. Perf'd csg @ 955'. Pressured up on perfs to 1000 PSI. Spotted 25 sx class C cmt @ 1005-758'. WOC. Tagged plug 783'. ND BOP. NU well head. Perf'd csg @ 200'. Squeezed 60 sx class C cmt @ 200' & circulated to surface. Riggged down & moved off. 05/08/19 Moved in backhoe and welder, dug out cellar, cut off well head, and Gilbert Cordero w/ OCD verified cement to surface. Welded on "Above Ground-Dry Hole Marker". Backfilled cellar, cut off deadmen, cleaned location, and moved off.

Spud Date:

Rig Release Date:

Applied for plugging of well bore only.  
 Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under forms: www.chnrd.state.nm.us/ocd.

RECEIVED

MAY 13 2019

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

DISTRICT II-ARTESIA O.G.D.

SIGNATURE Jackie Lathan TITLE Regulatory DATE 05/09/19

Type or print name Jackie Lathan E-mail address: jlathan@mewbourne.com PHONE: 575-393-5905

For State Use Only

APPROVED BY: [Signature] TITLE STAFF Mgr DATE 5/13/19

Conditions of Approval (if any):