| Submit 1 Copy To Appropriate District Office                                                                                                                                                  | State of New Mexico                                                                       |                                                               | Form C-103                                     |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------|----------------|
| <u>District I</u> – (575) 393-6161<br>1625 N. French Dr., Hobbs, NM 88240                                                                                                                     | Energy, Minerals and Natural Resources                                                    |                                                               | Revised July 18, 2013<br>WELL API NO.          |                |
| District II – (575) 748-1283<br>811 S. First St., Artesia, NM 88210                                                                                                                           |                                                                                           |                                                               | 30-015-30828                                   |                |
| <u>District III</u> – (505) 334-6178                                                                                                                                                          |                                                                                           |                                                               | 5. Indicate Type of Lease                      |                |
| 1000 Rio Brazos Rd., Aztec, NM 87410                                                                                                                                                          | Brazos Rd., Aztec, NM 87410                                                               |                                                               | STATE FE                                       |                |
| <u>District IV</u> – (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM<br>87505                                                                                                         | Santa 1 C, 19191 67                                                                       | 505                                                           | 6. State Oil & Gas Lease No                    |                |
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A<br>DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH |                                                                                           | 7. Lease Name or Unit Agreement Name<br>Derringer Federal SWD |                                                |                |
| PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other                                                                                                                                          |                                                                                           | 8. Well Number 1                                              |                                                |                |
| 2. Name of Operator<br>Mewbourne Oil Company                                                                                                                                                  |                                                                                           |                                                               | 9. OGRID Number 14744                          |                |
| 3. Address of Operator<br>PO Box 5270, Hobbs NM 88240                                                                                                                                         |                                                                                           |                                                               | 10. Pool name or Wildcat<br>SWD Devonian 96101 |                |
| 4. Well Location                                                                                                                                                                              |                                                                                           |                                                               |                                                |                |
| Unit Letter N                                                                                                                                                                                 | : 660 feet from the South                                                                 | line and 198                                                  | feet from the West                             | st line        |
| Section 18                                                                                                                                                                                    | Township 20S                                                                              | Range 29E                                                     | NMPM Eddy                                      | County         |
|                                                                                                                                                                                               | 11. Elevation (Show whether DR,                                                           |                                                               |                                                | County         |
|                                                                                                                                                                                               | 3273' GL                                                                                  |                                                               |                                                | Katalah        |
| 12. Check                                                                                                                                                                                     | Appropriate Box to Indicate N                                                             | ature of Notice, 1                                            | Report or Other Data                           |                |
|                                                                                                                                                                                               |                                                                                           |                                                               | SEQUENT REPORT O                               | с.             |
| NOTICE OF INTENTION TO: SUBS                                                                                                                                                                  |                                                                                           |                                                               |                                                |                |
|                                                                                                                                                                                               |                                                                                           |                                                               |                                                |                |
|                                                                                                                                                                                               |                                                                                           | CASING/CEMENT                                                 | <u> </u>                                       |                |
| PULL OR ALTER CASING                                                                                                                                                                          |                                                                                           | CASING/CEMENT                                                 | ГЈОВ                                           |                |
| CLOSED-LOOP SYSTEM                                                                                                                                                                            |                                                                                           |                                                               |                                                |                |
| OTHER:                                                                                                                                                                                        | ,<br>Ц                                                                                    | OTHER:                                                        |                                                | П              |
|                                                                                                                                                                                               | pleted operations. (Clearly state all p<br>vork). SEE RULE 19.15.7.14 NMAC<br>completion. |                                                               |                                                |                |
| Mewbourne Oil Company woul                                                                                                                                                                    | d like to change the injection tubi                                                       | ng string from 3 $\frac{1}{2}$                                | $\frac{1}{2}$ " to 4 $\frac{1}{2}$ ".          |                |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                         |                                                                                           |                                                               |                                                | CEIVED         |
| If you have any questions, please c                                                                                                                                                           | all Jake Nave @ 575-602-1296.                                                             |                                                               |                                                | SUSIVED        |
| · .                                                                                                                                                                                           |                                                                                           |                                                               | AUG                                            | G 0 5 2019     |
|                                                                                                                                                                                               |                                                                                           |                                                               | DISTRICTI                                      | I-ARTESIAO.C.D |
|                                                                                                                                                                                               | ]                                                                                         | [                                                             |                                                |                |
| Spud Date:                                                                                                                                                                                    | Rig Release Da                                                                            | ite:                                                          |                                                |                |
|                                                                                                                                                                                               |                                                                                           | L                                                             |                                                |                |
| hereby certify that the information                                                                                                                                                           | n above is true and complete to the be                                                    | est of my knowledge                                           | e and belief.                                  |                |
| SIGNATURE Jackie                                                                                                                                                                              | Lathan_TITLE_Regu                                                                         | latory                                                        | DATE07/31/19_                                  |                |
| Type or print name Jackie Lathan                                                                                                                                                              |                                                                                           |                                                               | e.com PHONE: 575-39                            |                |
|                                                                                                                                                                                               | TITLE COW                                                                                 | pliance à                                                     | Aicon DATE B-6                                 | 5-19           |
| Conditions of Approval (if any):                                                                                                                                                              | Must 90 to 5                                                                              | "                                                             | · · · · · · · · · · · · · · · · · · ·          |                |
|                                                                                                                                                                                               | 70 0 5                                                                                    | arile 12                                                      |                                                |                |