

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

RECEIVED  
 DEPT 7  
 OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 DISTRICT IV-ARTESIA CO. NM 87505

WELL API NO. 30-015-46213
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Yuma 3/10 W1CN St Com
8. Well Number 1H
9. OGRID Number 14744
10. Pool name or Wildcat Purple Sage; Wolfcamp (gas)

**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  
PO Box 5270, Hobbs NM 88241

4. Well Location  
 Unit Letter D : 290 feet from the North line and 1235 feet from the West line  
 Section 3 Township 25S Range 28E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3002' GL

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <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.

12/03/19  
 TD'ed 8 3/4" hole @ 9972'. Ran 9957' of 7" 29# HCP110 LT&C Csg. Cemented 1<sup>st</sup> lead w/250 sks Class C w/additives. Mixed @ 10.0#/g w/3.89 yd. 2<sup>nd</sup> lead w/200 sks Class C (50:50:10) w/additives. Mixed @ 11.5#/g w/2.44 yd. Tail w/400 sks Class H w/additives. Mixed @ 15.6#/g w/1.18 yd. Displaced w/396 bbls OBM. Plug down @ 10:00 PM 12/03/19. Circ 43 sks of cmt to the pits. At 9:45 AM 12/05/19, tested csg to 1500# 30 mins, held OK. FIT test to 13.5 PPG EMW. Drilled out with 6 1/8" bit.

Spud Date: 11/23/2019 Rig Release Date: VAB

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

SIGNATURE RC TITLE Regulatory DATE 12/13/19

Type or print name Ruby Caballero E-mail address: rcaballero@mewbourne.com PHONE: 575-393-5905

**For State Use Only**  
 APPROVED BY: [Signature] TITLE Staff mg DATE 12/18/19  
 Conditions of Approval (if any):