

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

WELL API NO. 30-015-35873
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E742
7. Lease Name or Unit Agreement Name Empire 20 State
8. Well Number 5
9. OGRID Number 14744
10. Pool name or Wildcat Empire, Glorieta -Yeso, East 96610

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Mewbourne Oil Company	DEC 27 2007
3. Address of Operator PO Box 5270 Hobbs, NM 88240	OCD-ARTESIA
4. Well Location Unit Letter <u>F</u> : <u>2310</u> feet from the <u>N</u> line and <u>1860</u> feet from the <u>W</u> line Section <u>20</u> Township <u>17S</u> Range <u>29E</u> NMPM Eddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3626' GL	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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"/> 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"/>
OTHER: _____	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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

12/09/07...MI & spud 12 1/4" hole. Ran 359' 9 3/8" 36# J55 LT&C csg. Cemented with 200 sks BJ Class C with 2% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Circ 8 sks to pits. WOC 18 hrs. Tested BOPE to 3000# & annular to 1500#. At 3:30 pm on 12/10/07, tested casing to 1500# for 30 minutes, held OK. Chart & schematic attached. Drilled out with 8 3/4" bit.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Jackie Lathan TITLE Hobbs Regulatory DATE 12/24/07

Type or print name Jackie Lathan

E-mail address:

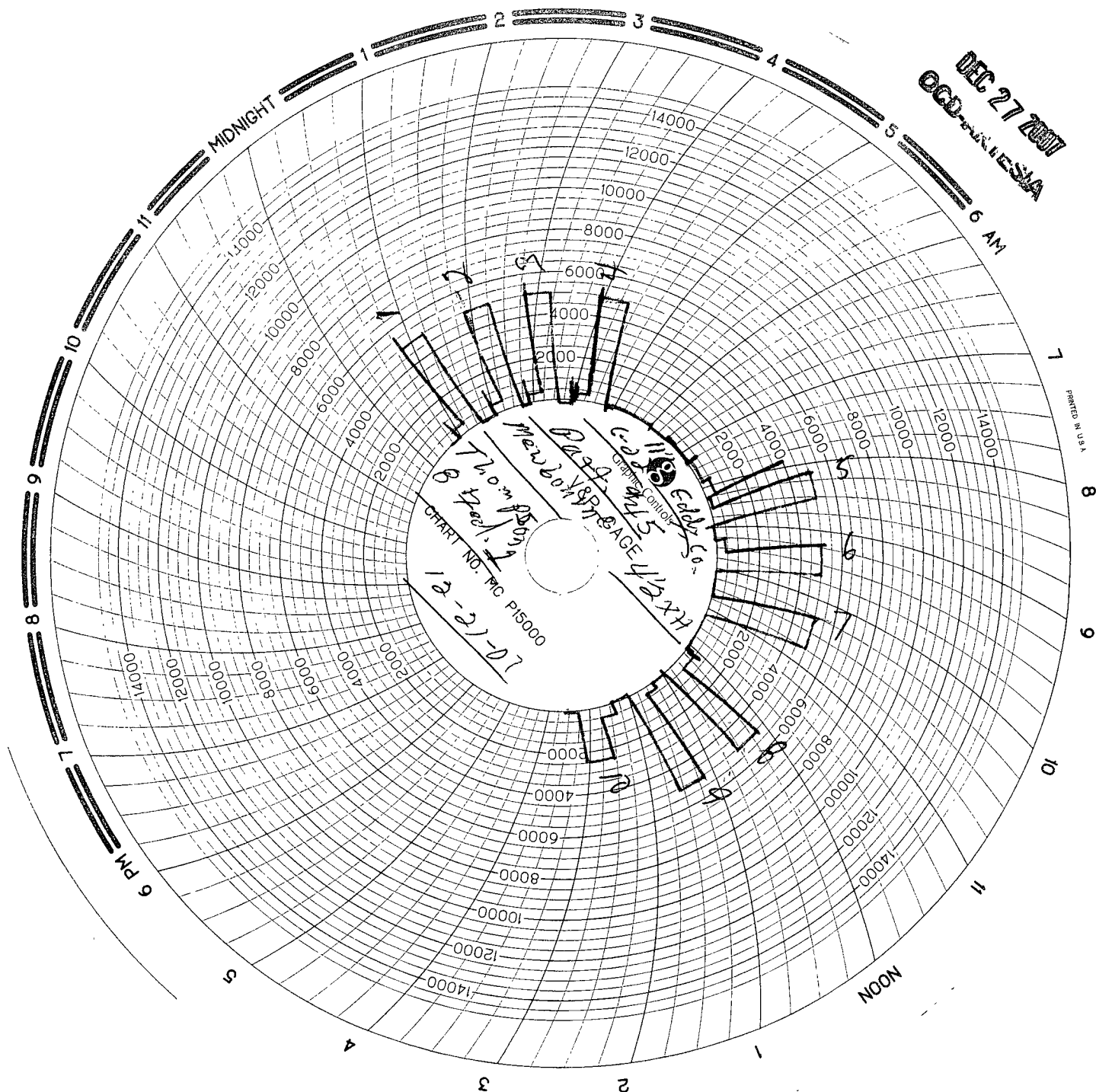
Telephone No. 505-393-5905

For State Use Only

APPROVED BY: FOR RECORDS ONLY TITLE _____ DATE DEC 27 2007

Conditions of Approval (if any):

DEC 27 2007
OCD-ARTESIA



DEC 27 2007
OCD-ARTESIA

MAN WELDING SERVICES, INC

DEC 27 2007
OCD-ARTESIA

Company Mewbourne Date 12-21-07
Lease Thompson "8" Fed #1 County Eddy
Drilling Contractor Patterson UTE ^{"45"} Plug & Drill Pipe Size 11" C-22 / 4 1/2 x 7

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 1350 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 1:39. 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 }

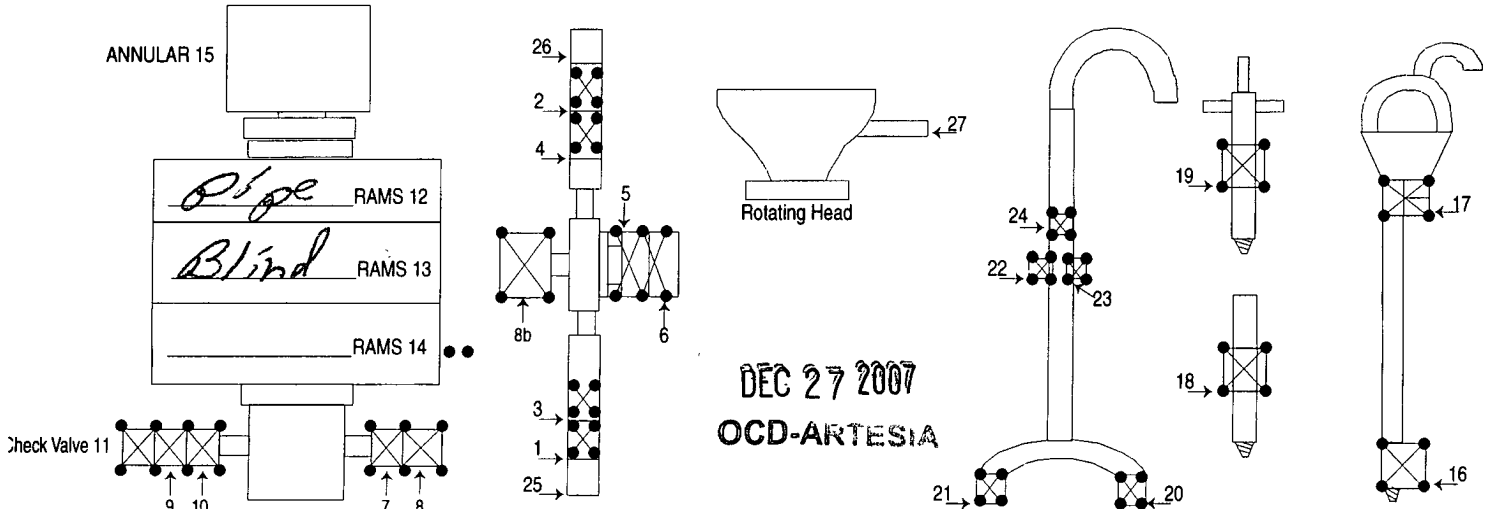
MAN WELDING SERVICES, INC.

P.O. Box 1541 • Lovington, N.M. 88260
BUS: 505 396-4540 • FAX: 505 396-0044



INVOICE
B 7958

Company Melbourne Date 12-21-07 Start Time 11:00 ☐ am ☒ pm
Lease Thompson "B" 7d. #1 County Eddy State N.M.
Company Man _____
Wellhead Vendor _____ Tester R. M. Muthart
Drig. Contractor Patterson UTI Rig # 45
Tool Pusher _____
Plug Type C-22 Plug Size 11" Drill Pipe Size 4 1/2 x 7
Casing Valve Opened Yes Check Valve Open Yes



TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1	19	10/10	250	5000	Had to tighten M/S. Flanges. O.K.
2	18	10/10	250	5000	
3	16	10/10	250	5000	
4	17	10/10	250	5000	
5	25, 26, 6, 9, 13	10/10	250	5000	
6	1, 2, 5, 10, 13	10/10	250	5000	
7	3, 4, 5, 11, 13	10/10	250	5000	
8	8, 11, 12	10/10	250	5000	
9	7, 10, 12	10/10	250	5000	
10	7, 10, 15	10/10	250	2500	

B HR@ \$1000.00
2 HR@ 100.00 = 200.00
Mileage 144 @ \$1.00 = 144.00
Methanol = 150.00

SUB TOTAL \$1494.00
TAX \$80.30
TOTAL \$1574.30