

Submit copy 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
October 13, 2009

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

WELL API NO. 30-015-20328
5. Indicate Type of Lease STAIL <input checked="" type="checkbox"/> FEET
6. State Oil & Gas Lease No. L-3355
7. Lease Name or Unit Agreement Name Petco State #1
8. Well Number 1
9. OGRID Number 14744
10. Pool name or Wildcat Turkey Track Bone Spring 60660

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 P : 760' feet from the South line and 660' feet from the East line
Section 26 Township 19S Range 29E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3320' GL

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: T&A Bone Springs ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: Shut In Well

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.

This was producing in the Bone Springs. As of 06/01/10 MOC shut this well in pending recompletion to the Delaware

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

SIGNATURE Jackie Lathan TITLE Hobbs Regulatory DATE 06/01/10

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

For State Use Only

APPROVED BY: [Signature] TITLE DATE
Conditions of Approval (if any):