| . OF COPIES RECEIVED  | 3             |   |                      |           |                  | Form C-103             |                     |   |  |
|---|---------------|---|----------------------|-----------|------------------|------------------------|---------------------|---|--|
| DISTRIBUTION  |               |   |                      |           |                  |                        | Supersedes Old      |   |  |
| S# NTA FE   | 1             | NEW MEXICO OIL CONSERVATION COMMISSION  C-102 and C-103  Effective 1-1-65 |                      |           |                  |                        |                     |   |  |
| FILE  | 11-           |   |                      |           |                  |                        |                     |   |  |
| U.S.G.S.  |               |   |                      |           | <b>A</b>         | A                      | 5a. Indicate Typ    |   |  |
| LAND OFFICE   |               |   |                      |           | REL              | EIVED                  | State               | Fee XX                                  |  |
| OPERATOR  |               |   |                      |           |                  |                        | 5. State Oil & G    | as Lease No.                            |  |
| <u> </u>  |               |   |                      |           | 111M             | 26 1978                |                     |   |  |
| 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.) |               |   |                      |           |                  |                        |                     |   |  |
| (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.)                                    |               |   |                      |           |                  |                        |                     |   |  |
| OIL X GAS   |               | OTHER-  |                      |           |                  | SIA, OFFICE            | 7. Unit Agreeme     |   |  |
| 2. Name of Operator   |               |   |                      |           |                  |                        |                     | 8. Farm or Lease Name                   |  |
| MEWBOURNE OIL COMPANY   |               |   |                      |           |                  |                        |                     | Bradshaw                                |  |
| 3. Address of Operator  |               |   |                      |           |                  |                        |                     | 9, Well No.                             |  |
| 330 Citizens Bank Building, Tyler, Texas 75702  |               |   |                      |           |                  |                        | 1                   |   |  |
| 4. Location of Well   |               |   |                      |           |                  |                        |                     | 13. Field and Pool, or Wildcat  Wildcat |  |
| UNIT LETTER G 1980 FEET FROM THE North LINE AND 1980 FEET FROM  |               |   |                      |           |                  |                        |                     |   |  |
|   |               |   |                      |           |                  |                        |                     | 4////////////////////////////////////// |  |
| THE East  | LINE, SECTIO  |   | TOWNSHIP             | _         |                  |                        |                     |   |  |
| 15. Elevation (Show whether DF, RT, GR, etc.)   |               |   |                      |           |                  |                        | 12. County          |   |  |
| 3297 GL   |               |   |                      |           |                  |                        | Eddy                | <u> </u>                                |  |
| lŝ.   | Check A       | Appropriate   | Box To Indica        | ate Na    | ture of Noti     | ice, Report or O       | ther Data           |   |  |
| NOT   | ICE OF IN     | ITENTION T  | ·O:                  | 1         |                  | SUBSEQUEN              | IT REPORT OF        | :                                       |  |
|   |               |   |                      |           |                  |                        |                     |   |  |
| PERFORM REMEDIAL WORK   |               |   | PLUG AND ABANDON     | ۰ 🔲 🗀     | REMEDIAL WORK    |                        | ALTE                | RING CASING                             |  |
| TEMPORARILY ABANDON COMMENCE DRILLING OPNS.   |               |   |                      |           |                  |                        | PLUG                | AND ABANDONMENT                         |  |
| PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JQB  |               |   |                      |           |                  |                        |                     |   |  |
|   |               |   |                      |           | OTHER            |                        | <del> </del>        |   |  |
| OTHER   |               |   |                      | _ [ ]     |                  |                        |                     |   |  |
| 17. Describe Proposed or C  |               |   | 1 11                 |           | l                | ti- o-t datas includir | a actimated data o  | f starting any proposed                 |  |
| work) SEE RULE 1103   |               | erations (Cteur   | ty state att pertine | ini aetan | is, and give per | tinent dates, includin | ig estimated date o | starting any proposed                   |  |
|   |               |   |                      |           |                  |                        |                     |   |  |
|   |               |   |                      |           |                  |                        |                     |   |  |
| On June 19, 1978 Set 10 Sack Plug at Top.   |               |   |                      |           |                  |                        |                     |   |  |
|   |               |   |                      |           |                  |                        |                     |   |  |
|   |               |   |                      |           |                  |                        |                     |   |  |
|   |               |   |                      |           |                  |                        |                     |   |  |
|   |               |   |                      |           |                  |                        |                     |   |  |
|   |               |   |                      |           |                  |                        |                     |   |  |
|   |               |   |                      |           |                  |                        |                     |   |  |
|   |               |   |                      |           |                  |                        |                     |   |  |
|   |               |   |                      |           |                  |                        |                     |   |  |
|   |               |   |                      |           |                  |                        |                     |   |  |
|   |               |   |                      |           |                  |                        |                     |   |  |
|   |               |   |                      |           |                  |                        |                     |   |  |
|   |               |   |                      |           |                  |                        |                     |   |  |
|   |               |   |                      |           |                  |                        |                     |   |  |
|   |               |   |                      |           |                  |                        |                     |   |  |
|   |               |   |                      |           |                  |                        |                     |   |  |
|   |               |   |                      |           |                  |                        |                     |   |  |
|   |               |   |                      |           |                  |                        |                     |   |  |
| 18. I hereby certify that th  | e information | above is true   | and complete to th   | e best of | f my knowledge   | and belief.            |                     |   |  |
|   |               | /   |                      |           | D                | 01 1                   | ,                   | 100 /70                                 |  |
| SIGNED Marjorie   | For           | 3   | TITL                 | Ε         | Production       | on Clerk               | DATE6,              | 122/18                                  |  |

OIL AND GAS INSPECTOR

JUN 1 3 1979