

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 748-9720

District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-101
August 1, 2011

Permit 264393

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

1. Operator Name and Address MEWBOURNE OIL CO P.O. Box 5270 Hobbs, NM 88241		2. OGRID Number 14744
		3. API Number 30-025-45685
4. Property Code 325113	5. Property Name CHAROLAIS 28 21 B1PA STATE COM	6. Well No. 002H

7. Surface Location

UL - Lot O	Section 28	Township 19S	Range 35E	Lot Idn O	Feet From 355	N/S Line S	Feet From 1440	E/W Line E	County Lea
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8. Proposed Bottom Hole Location

UL - Lot A	Section 21	Township 19S	Range 35E	Lot Idn A	Feet From 100	N/S Line N	Feet From 690	E/W Line E	County Lea
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9. Pool Information

PEARL;BONE SPRING	49680
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Additional Well Information

11. Work Type New Well	12. Well Type OIL	13. Cable/Rotary	14. Lease Type State	15. Ground Level Elevation 3710
16. Multiple N	17. Proposed Depth 19900	18. Formation 1st Bone Spring Sand	19. Contractor	20. Spud Date 4/1/2019
Depth to Ground water		Distance from nearest fresh water well		Distance to nearest surface water

We will be using a closed-loop system in lieu of lined pits

21. Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surf	17.5	13.375	54.5	1900	1325	0
Int1	12.25	9.625	36	3450	785	0
Prod	8.75	7	26	9872	770	3250
Liner1	6.125	4.5	13.5	19900	435	9119

Casing/Cement Program: Additional Comments

MOC proposed to drill & test the Bone Springs formation. H2S rule 118 does not apply because MOC has researched the area & no high concentrations were found. Will have on location & working all H2S safety equipment before Yates formation for safety & insurance purposes. Will stimulate as needed for production.

22. Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Annular	2000	1500	Schaffer
Double Ram	3000	3000	Schaffer
Annular	3000	1500	Schaffer

23. I hereby certify that the information given above is true and complete to the best of my knowledge and belief.
I further certify I have complied with 19.15.14.9 (A) NMAC and/or 19.15.14.9 (B) NMAC , if applicable.

OIL CONSERVATION DIVISION

Signature:			
Printed Name: Electronically filed by Monty Whetstone	Approved By: Karen K Sharp		
Title: Vice President Operations	Title: OCD Reviewer		
Email Address: prodmgr@mewbourne.com	Approved Date: 3/6/2019	Expiration Date: 3/6/2021	
Date: 3/1/2019	Phone: 903-561-2900	Conditions of Approval Attached	

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Form C-102
 August 1, 2011

Permit 264393

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WELL LOCATION AND ACREAGE DEDICATION PLAT

1. API Number 30-025-45685	2. Pool Code 49680	3. Pool Name PEARL;BONE SPRING
4. Property Code 325113	5. Property Name CHAROLAIS 28 21 B1PA STATE COM	6. Well No. 002H
7. OGRID No. 14744	8. Operator Name MEWBOURNE OIL CO	9. Elevation 3710

10. Surface Location

UL - Lot O	Section 28	Township 19S	Range 35E	Lot Idn O	Feet From 355	N/S Line S	Feet From 1440	E/W Line E	County Lea
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11. Bottom Hole Location If Different From Surface

UL - Lot A	Section 21	Township 19S	Range 35E	Lot Idn A	Feet From 100	N/S Line N	Feet From 690	E/W Line E	County Lea
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12. Dedicated Acres 320.00	13. Joint or Infill	14. Consolidation Code	15. Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

	<p style="text-align: center;">OPERATOR CERTIFICATION</p> <p><i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location(s) or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i></p> <p>E-Signed By: Monty Whetstone Title: Vice President Operations Date: 3/1/2019</p>
	<p style="text-align: center;">SURVEYOR CERTIFICATION</p> <p><i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i></p> <p>Surveyed By: Robert Howett Date of Survey: 10/20/2016 Certificate Number: 19680</p>

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PERMIT COMMENTS

Operator Name and Address: MEWBOURNE OIL CO [14744] P.O. Box 5270 Hobbs, NM 88241	API Number: 30-025-45685	
	Well: CHAROLAIS 28 21 B1PA STATE COM #002H	
Created By	Comment	Comment Date

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PERMIT CONDITIONS OF APPROVAL

Operator Name and Address: MEWBOURNE OIL CO [14744] P.O. Box 5270 Hobbs, NM 88241	API Number: 30-025-45685
	Well: CHAROLAIS 28 21 B1PA STATE COM #002H

OCD Reviewer	Condition
pkautz	Will require a directional survey with the C-104
pkautz	1) SURFACE & INTERMEDIATE CASING - Cement must circulate to surface -- 2) PRODUCTION CASING - Cement must tie back into intermediate casing -- 3) Liner - Cement must tie back into production casing
pkautz	If cement does not circulate to surface, must run temperature survey or other log to determine top of cement
pkautz	Surface casing must be set 25' below top of Rustler Anhydrite in order to seal off protectable water
pkautz	1)- The Operator is to notify NMOCD by sundry (Form C-103) within ten (10) days of the well being spud 2)- Drilling Sundries Form C-103 (Casing and Cement test are to be submitted within 10 days 3)- Completion Reports & Logs are to be submitted within 45 days 4)- Deviation / Directional Drill Survey are to be filed with or prior to C-104
pkautz	It is the operator's responsibility to monitor cancellation dates of approved APDs. APD's are good for 2 years and may be extended for one year. Only one 1 year extension will be granted if submitted by C-103 before expiration date. After expiration date or after a 1 year extension must submit new APD.
pkautz	Stage Tool 1) Must notify OCD Hobbs Office prior to running Stage Tool at 5753703186 2) If using Stage Tool on Surface casing, Stage Tool must be set greater than 350' from surface and a minimum of 200 feet above surface shoe. 3) When using a Stage Tool on Intermediate or Production Casing Stage must be a minimum of 50 feet below previous casing shoe.