

Santa Fe Main Office Phone: (505) 476-3441 General Information Phone: (505) 629-6116 Online Phone Directory Visit: https://www.emnrd.nm.gov/ocd/contact-us/	State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION	C-102 Revised July 9, 2024 Submit Electronically via OCD Permitting
		Submittal Type: <input type="checkbox"/> Initial Submittal <input checked="" type="checkbox"/> Amended Report <input type="checkbox"/> As Drilled

WELL LOCATION INFORMATION

API Number 30-025-32876	Pool Code 15200	Pool Name D-K; ABO
Property Code 16457	Property Name CARTER	Well Number #3
OGRID No. 14744	Operator Name MEWBOURNE OIL COMPANY	Ground Level Elevation 3561'
Surface Owner: <input type="checkbox"/> State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal		Mineral Owner: <input type="checkbox"/> State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal

Surface Location

UL D	Section 30	Township 20 S	Range 39 E	Lot	Ft. from N/S 990 FNL	Ft. from E/W 990 FWL	Latitude 32.5485878	Longitude 103.0903625	County LEA
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Bottom Hole Location

UL D	Section 30	Township 20 S	Range 39 E	Lot	Ft. from N/S 990 FNL	Ft. from E/W 990 FWL	Latitude 32.5485878	Longitude 103.0903625	County LEA
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Dedicated Acres 40	Infill or Defining Well N	Defining Well API	Overlapping Spacing Unit (Y/N)	Consolidation Code
Order Numbers.			Well setbacks are under Common Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Kick Off Point (KOP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
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First Take Point (FTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
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Last Take Point (LTP)


UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
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Unitized Area or Area of Uniform Interest	Spacing Unit Type <input type="checkbox"/> Horizontal <input checked="" type="checkbox"/> Vertical	Ground Floor Elevation:
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OPERATOR CERTIFICATIONS

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and, if the well is a vertical or directional well, that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of a working interest or unleased mineral interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

If this well is a horizontal well, I further certify that this organization has received the consent of at least one lessee or owner of a working interest or unleased mineral interest in each tract (in the target pool or formation) in which any part of the well's completed interval will be located or obtained a compulsory pooling order from the division.

 **4/21/25**
Signature Date

JOHN HARRISON

Printed Name

john.harrison@mewbourne.com
Email Address

SURVEYOR CERTIFICATIONS

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.

Signature and Seal of Professional Surveyor

Certificate Number

Date of Survey

Note: 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.

This grid represents a standard section. You may superimpose a non-standard section, or larger area, over this grid. Operators must outline the dedicated acreage in a red box, clearly show the well surface location and bottom hole location, if it is directionally drilled, with the dimensions from the section lines in the cardinal directions. If this is a horizontal wellbore show on this plat the location of the First Take Point and Last Take Point, and the point within the Completed interval (other than the First Take Point or Last Take Point) that is closest to any outer boundary of the tract.

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<div data-bbox="56 598 235 787"> </div> <div data-bbox="300 766 738 840"> <p>990' FNL, 990' FWL 32.5485878, -103.0903625 NAD83</p> </div>				<p>17 OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief</p> <div data-bbox="1096 724 1502 850"> </div> <p>Signature _____</p> <p>Printed Name <u>Bill Pierce</u></p> <p>Title <u>Drilling Supt.</u></p> <p>Date <u>March 9, 1995</u></p>
				<p>18 SURVEYOR CERTIFICATION</p> <p>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.</p> <p><u>2/28/95</u></p> <p>Date of Survey _____</p> <p>Signature and Seal of Professional Surveyor: _____</p> <div data-bbox="1096 1333 1502 1606"> </div> <p>Certificate Number <u>3640</u></p>

Santa Fe Main Office Phone: (505) 476-3441 General Information Phone: (505) 629-6116 Online Phone Directory Visit: https://www.emnrd.nm.gov/ocd/contact-us/	State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION	C-102 Revised July 9, 2024 Submit Electronically via OCD Permitting
		Submittal Type: <input type="checkbox"/> Initial Submittal <input checked="" type="checkbox"/> Amended Report <input type="checkbox"/> As Drilled

WELL LOCATION INFORMATION

API Number 30-025-32876	Pool Code 15390	Pool Name D-K; DRINKARD
Property Code 16457	Property Name CARTER	Well Number #3
OGRID No. 14744	Operator Name MEWBOURNE OIL COMPANY	Ground Level Elevation 3561'
Surface Owner: <input type="checkbox"/> State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal		Mineral Owner: <input type="checkbox"/> State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal

Surface Location

UL D	Section 30	Township 20 S	Range 39 E	Lot	Ft. from N/S 990 FNL	Ft. from E/W 990 FWL	Latitude 32.5485878	Longitude 103.0903625	County LEA
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Bottom Hole Location

UL D	Section 30	Township 20 S	Range 39 E	Lot	Ft. from N/S 990 FNL	Ft. from E/W 990 FWL	Latitude 32.5485878	Longitude 103.0903625	County LEA
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Dedicated Acres 40	Infill or Defining Well N	Defining Well API	Overlapping Spacing Unit (Y/N)	Consolidation Code
Order Numbers.			Well setbacks are under Common Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Kick Off Point (KOP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
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First Take Point (FTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
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Last Take Point (LTP)


UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
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Unitized Area or Area of Uniform Interest	Spacing Unit Type <input type="checkbox"/> Horizontal <input checked="" type="checkbox"/> Vertical	Ground Floor Elevation:
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OPERATOR CERTIFICATIONS

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 4/21/25
Signature Date

JOHN HARRISON

Printed Name

john.harrison@mewbourne.com
Email Address

SURVEYOR CERTIFICATIONS

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Signature and Seal of Professional Surveyor




Certificate Number

Date of Survey

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<div>16</div> <div></div>				<div>17 OPERATOR CERTIFICATION</div> <div>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief</div> <div></div> <div>Signature</div> <div>Bill Pierce</div> <div>Printed Name</div> <div>Drilling Supt.</div> <div>Title</div> <div>March 9, 1995</div> <div>Date</div>
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WELL LOCATION INFORMATION

API Number 30-025-32876	Pool Code 87085	Pool Name WARREN; TUBB, EAST
Property Code 16457	Property Name CARTER	Well Number #3
OGRID No. 14744	Operator Name MEWBOURNE OIL COMPANY	Ground Level Elevation 3561'
Surface Owner: <input type="checkbox"/> State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal		Mineral Owner: <input type="checkbox"/> State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal

Surface Location

UL D	Section 30	Township 20 S	Range 39 E	Lot	Ft. from N/S 990 FNL	Ft. from E/W 990 FWL	Latitude 32.5485878	Longitude 103.0903625	County LEA
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Bottom Hole Location

UL D	Section 30	Township 20 S	Range 39 E	Lot	Ft. from N/S 990 FNL	Ft. from E/W 990 FWL	Latitude 32.5485878	Longitude 103.0903625	County LEA
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Order Numbers.			Well setbacks are under Common Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Kick Off Point (KOP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
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UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
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Last Take Point (LTP)


UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
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Unitized Area or Area of Uniform Interest	Spacing Unit Type <input type="checkbox"/> Horizontal <input checked="" type="checkbox"/> Vertical	Ground Floor Elevation:
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 **4/21/25**
Signature Date

JOHN HARRISON

Printed Name

john.harrison@mewbourne.com
Email Address

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Santa Fe Main Office
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State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

Online Phone Directory Visit:
<https://www.emnrd.nm.gov/ocd/contact-us/>

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

<p>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.)</p>		<p>WELL API NO. 30-025-32876</p>
<p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p>		<p>5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/></p>
<p>2. Name of Operator MEWBOURNE OIL COMPANY</p>		<p>6. State Oil & Gas Lease No.</p>
<p>3. Address of Operator P.O. BOX 5270 HOBBS, NM 88241</p>		<p>7. Lease Name or Unit Agreement Name</p>
<p>4. Well Location Unit Letter D: 990 feet from the NORTH line and 990 feet from the WEST line Section _____ Township 20S Range _____ NMPM County LEA</p>		<p>8. Well Number #3</p>
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL 3561'</p>		<p>9. OGRID Number 14744</p>
<p>10. Pool name or Wildcat D-K ABO (15200)</p>		

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/></p>		<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Records Clean Up Request <input checked="" type="checkbox"/></p>	
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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.

Please see additional documentation for Records Clean Up.

Spud Date:

3/21/1995

Rig Release Date:

4/6/1995

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

SIGNATURE  TITLE **Regulatory Specialist** DATE **4/21/2025**

Type or print name **John Harrison** E-mail address **john.harrison@mewbourne.com** PHONE: **575-393-5905**

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

C-104 Submit Electronically Via OCD Permitting	State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION	Revised July 9, 2024
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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**Section 1 - Operator and Well Information**

Submittal Type: <input type="checkbox"/> Test Allowable (C-104RT) <input type="checkbox"/> New Well (C-104NW) <input type="checkbox"/> Recomplete (C-104RC) <input checked="" type="checkbox"/> Pay Add (C-104RC) <input type="checkbox"/> Amended	
Operator Name: Mewbourne Oil Company	OGRID: 14744
Property Name and Well Number: CARTER #3	Property Code: 16457
Mineral Owner: <input type="checkbox"/> State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal	API Number: 30-0 25-32876
Pool Name: D-K; ABO	Pool Code: 15200

Section 2 – Surface Location

UL D	Section 30	Township 20S	Range 39E	Lot	Ft. from N/S 990 FNL	Ft. from E/W 990 FWL	Latitude 32.5485878	Longitude 103.0903625	County Lea
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Section 3 – Completion Information

Producing Method Oil	Ready Date 04/22/1995	Perforations MD 7312' - 7402'	Perforations TVD 7312' - 7402'
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Section 4 – Action IDs for Submissions and Order Numbers

List Action IDs for Drilling Sundries	Was an Order required / needed (Y/N), if yes list Order number:
C-104 RT Action ID (if C-104NW):	Communitization Agreement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Order No.
Surface Casing Action ID:	Unit: <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No.
Intermediate 1 Casing Action ID:	Compulsory Pooling: <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No.
Intermediate 2 Casing Action ID:	Down Hole Commingling: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Order No. DHC-4813
Production Casing Action ID:	Surface Commingling: <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No.
All casing was pressure tested in accordance with NMAC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Non-standard Location: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Common ownership Order No.
Liner 1 Action ID:	Non-standard Proration: <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No.
Casing was installed prior to OCD's Action ID system (Y/N): YES	Simultaneous Dedication: <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No.

Section 5 - Operator Signature and Certification

<input checked="" type="checkbox"/> I hereby certify that the required Water Use Report has been, or will be, submitted for this well's completion.	
<input checked="" type="checkbox"/> I hereby certify that the required Fracfocus disclosure has been, or will be, submitted for this well's completion.	
<input checked="" type="checkbox"/> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Name 	
Title Regulatory Specialist	Date 4/21/2025

C-104 Submit Electronically Via OCD Permitting	State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION	Revised July 9, 2024
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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**Section 1 - Operator and Well Information**

Submittal Type: <input type="checkbox"/> Test Allowable (C-104RT) <input type="checkbox"/> New Well (C-104NW) <input type="checkbox"/> Recomplete (C-104RC) <input checked="" type="checkbox"/> Pay Add (C-104RC) <input type="checkbox"/> Amended	
Operator Name: Mewbourne Oil Company	OGRID: 14744
Property Name and Well Number: CARTER #3	Property Code: 16457
Mineral Owner: <input type="checkbox"/> State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal	API Number: 30-0 25-32876
Pool Name: D-K; DRINKARD	Pool Code: 15390

Section 2 – Surface Location

UL D	Section 30	Township 20S	Range 39E	Lot	Ft. from N/S 990 FNL	Ft. from E/W 990 FWL	Latitude 32.5485878	Longitude 103.0903625	County Lea
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Section 3 – Completion Information

Producing Method Oil	Ready Date 04/22/1995	Perforations MD 6952' - 7072'	Perforations TVD 6952' - 7072'
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Section 4 – Action IDs for Submissions and Order Numbers

List Action IDs for Drilling Sundries	Was an Order required / needed (Y/N), if yes list Order number:
C-104 RT Action ID (if C-104NW):	Communitization Agreement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Order No.
Surface Casing Action ID:	Unit: <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No.
Intermediate 1 Casing Action ID:	Compulsory Pooling: <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No.
Intermediate 2 Casing Action ID:	Down Hole Commingling: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Order No. DHC-4813
Production Casing Action ID:	Surface Commingling: <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No.
All casing was pressure tested in accordance with NMAC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Non-standard Location: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Common ownership Order No.
Liner 1 Action ID:	Non-standard Proration: <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No.
Casing was installed prior to OCD's Action ID system (Y/N): YES	Simultaneous Dedication: <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No.

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<input checked="" type="checkbox"/> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Name 	
Title Regulatory Specialist	Date 4/21/2025

C-104 Submit Electronically Via OCD Permitting	State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION	Revised July 9, 2024
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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**Section 1 - Operator and Well Information**

Submittal Type: <input type="checkbox"/> Test Allowable (C-104RT) <input type="checkbox"/> New Well (C-104NW) <input type="checkbox"/> Recomplete (C-104RC) <input checked="" type="checkbox"/> Pay Add (C-104RC) <input type="checkbox"/> Amended	
Operator Name: Mewbourne Oil Company	OGRID: 14744
Property Name and Well Number: CARTER #3	Property Code: 16457
Mineral Owner: <input type="checkbox"/> State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal	API Number: 30-0 25-32876
Pool Name: WARREN; TUBB, EAST	Pool Code: 87085

Section 2 – Surface Location

UL D	Section 30	Township 20 S	Range 39 E	Lot	Ft. from N/S 990 FNL	Ft. from E/W 990 FWL	Latitude 32.5485878	Longitude 103.0903625	County Lea
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Section 3 – Completion Information

Producing Method Oil	Ready Date 04/17/2014	Perforations MD 6652' - 6670' 36 -0.38" Holes	Perforations TVD 6652' - 6670'
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Section 4 – Action IDs for Submissions and Order Numbers

List Action IDs for Drilling Sundries	Was an Order required / needed (Y/N), if yes list Order number:
C-104 RT Action ID (if C-104NW):	Communitization Agreement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, Order No.
Surface Casing Action ID:	Unit: <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No.
Intermediate 1 Casing Action ID:	Compulsory Pooling: <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No.
Intermediate 2 Casing Action ID:	Down Hole Commingling: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Order No. DHC-4813
Production Casing Action ID:	Surface Commingling: <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No.
All casing was pressure tested in accordance with NMAC <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Non-standard Location: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Common ownership Order No.
Liner 1 Action ID:	Non-standard Proration: <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No.
Casing was installed prior to OCD's Action ID system (Y/N): Yes	Simultaneous Dedication: <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No.

Section 5 - Operator Signature and Certification

<input checked="" type="checkbox"/> I hereby certify that the required Water Use Report has been, or will be, submitted for this well's completion.	
<input checked="" type="checkbox"/> I hereby certify that the required Fracfocus disclosure has been, or will be, submitted for this well's completion.	
<input checked="" type="checkbox"/> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Name 	
Title Regulatory Specialist	Date 4/21/2025

C-105 Submit Electronically Via OCD Permitting	State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION	Revised July 9, 2024
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WELL COMPLETION OR RECOMPLETION REPORT AND LOG

Section 1 - Operator and Well Information

Submittal Type: <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepening <input type="checkbox"/> Plugback <input checked="" type="checkbox"/> Different Reservoir <input type="checkbox"/> C-144 Closure Attachment <input type="checkbox"/> Other	
Operator Name: Mewbourne Oil Company	OGRID: 14744
Property Name and Well Number: CARTER #3	Property Code: 16457
Mineral Owner: <input type="checkbox"/> State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal	API Number: 30-0 25-32876
Pool Name: D-K; ABO	Pool Code: 15200

Section 2 – Well Location

	UI or lot no.	Section	Township	Range	Lot Id	Feet from	N/S Line	Feet from	E/W Line	County
SHL:	D	30	20S	39E		990	North	990	West	Lea
BHL	D	30	20S	39E		990	North	990	West	Lea

Section 3 – Completion Information

Date T.D. Reached 04/04/1995	Total Measured Depth of Well 7700'	Acid Volume (bbls) 476	<input type="checkbox"/> Directional Survey Submitted <input checked="" type="checkbox"/> Deviation Survey Submitted
Date Rig Released 04/06/1995	Plug-Back Measured Depth 7628'	Completion Fluid Used (bbls) 154	Were Logs Ran (Y/N) Y
Completion Date 04/26/1995	Perforations (MD and TVD) MD 7312' - 7402' TVD 7312' - 7402'	Completion Proppant Used (lbs)	List Type of Logs Ran if applicable:

Section 4 – Action IDs for Submissions and Order Numbers

Surface Casing Action ID:	UIC Permit/Order (UIC wells only) <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No.
Intermediate 1 Casing Action ID:	NOI Recomplete Action ID (if applicable):
Intermediate 2 Casing Action ID:	NOI Plugback Action ID (if applicable):
Production Casing Action ID:	Cement Squeeze Action ID (if applicable):
Tubing Action ID:	All casing was pressure tested in accordance with NMAC <input type="checkbox"/> Yes <input type="checkbox"/> No
Liner 1 Action ID:	Casing was installed prior to Action ID system (Y/N): Yes

Section 5 – Test Data

Date First Production 4/27/1995	Production Method Flowing	Well Status Producing	Gas – Oil Ratio
Date of Test 4/29/1995	Choke Size 24/64	Flowing Tubing Pressure	Casing Pressure
24 hr Oil (bbls) 49	24 hr Gas (MCF) 486	24 hr Water (bbls) 8	Oil Gravity - API
Disposition of Gas: Sold			

Section 6 – Pits

<input type="checkbox"/> A temporary pit was used at the well. If so, attach a plat with the location of the temporary pit. <input type="checkbox"/> A Closed Loop System was used. <input type="checkbox"/> If an on-site burial was used at the well, report the exact location of the on-site burial: LAT: LONG:
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Section 7 - Operator Signature and Certification

<input checked="" type="checkbox"/> I hereby certify that the required Water Use Report has been, or will be, submitted for this well’s completion.	
<input checked="" type="checkbox"/> I hereby certify that the required Fracfocus disclosure has been, or will be, submitted for this well’s completion.	
<input checked="" type="checkbox"/> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Name	
Title Regulatory Specialist	Date 4/21/2025

South Formations				North Formations			
Formation/Zone	MD	TVD	W/O/G	Formation/Zone	MD	TVD	W/O/G
T. Anhy				T. San Jose			
T. Salt	1716'	1716'		T. Nacimiento			
B. Salt	2774'	2774'		T. Ojo Alamo			
T. Yates	2958'	2958'		T. Kirtland			
T. 7 Rivers	3098'	3098'		T. Fruitland			
T. Queen	3554'	3554'		T. Pictured Cliffs			
T. Grayburg	3942'	3942'		T. Lewis Shale			
T. San Andres	4338'	4338'		T. Chacra			
T. Glorieta				T. Cliff House			
T. Yeso				T. Menefee			
T. Paddock				T. Point Lookout			
T. Blinebry	6074'	6074'		T. Mancos			
T.Tubb	6614'	6614'	O/G	T. Gallup			
T. Drinkard	6888'	6888'	O/G	T. Greenhorn			
T. Abo	7128'	7128'	O/G	T. Graneros			
T. Wolfcamp				T. Dakota			
T. Penn				T. Morrison			
T. Cisco				T. Bluff			
T. Canyon				T.Todilto			
T. Strawn				T. Entrada			
T. Atoka				T. Wingate			
T. Morrow				T. Chinle			
T. Barnett Shale				T. Permian			
T. Miss				T. Penn A"			
T. Woodford Shale				T. Penn. "B"			
T. Devonian				T. Penn. "C"			
T. Silurian				T. Penn. "D"			
T. Fusselman				T. Leadville			
T. Montoya				T. Madison			
T. Simpson				T. Elbert			
T. McKee				T. McCracken			
T. Waddell				T. Ignacio Otzte			
T. Connel				T. Granite			
T. Ellenburger				T. Hermosa			
T. Gr. Wash				T. De Chelly			
T. Delaware Sand				T. Pinkerton			
T. Lamar Lime							
T. Bell Canyon							
T. Cherry Canyon							
T. Brushy Canyon							
T. Bone Springs							
T. 1st BS Sand							
T. 2nd BS Carbonate							
T. 2nd BS Sand							
T. 3rd BS Carbonate							
T. 3rd BS Sand							

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Submit Electronically Via OCD Permitting	Energy, Minerals & Natural Resources Department	
OIL CONSERVATION DIVISION		

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

Section 1 - Operator and Well Information

Submittal Type: <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepening <input type="checkbox"/> Plugback <input checked="" type="checkbox"/> Different Reservoir <input type="checkbox"/> C-144 Closure Attachment <input type="checkbox"/> Other	
Operator Name: Mewbourne Oil Company	OGRID: 14744
Property Name and Well Number: CARTER #3	Property Code: 16457
Mineral Owner: <input type="checkbox"/> State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal	API Number: 30-0 25-32876
Pool Name: D-K; DRINKARD	Pool Code: 15390

Section 2 – Well Location

	UI or lot no.	Section	Township	Range	Lot Id	Feet from	N/S Line	Feet from	E/W Line	County
SHL:	D	30	20S	39E		990	North	990	West	Lea
BHL	D	30	20S	39E		990	North	990	West	Lea

Section 3 – Completion Information

Date T.D. Reached 04/04/1995	Total Measured Depth of Well 7700'	Acid Volume (bbls) 476	<input type="checkbox"/> Directional Survey Submitted <input checked="" type="checkbox"/> Deviation Survey Submitted
Date Rig Released 04/06/1995	Plug-Back Measured Depth 7628'	Completion Fluid Used (bbls) 154	Were Logs Ran (Y/N) Y
Completion Date 04/26/1995	Perforations (MD and TVD) MD 6952' - 7072' TVD 6952' - 7072'	Completion Proppant Used (lbs)	List Type of Logs Ran if applicable:

Section 4 – Action IDs for Submissions and Order Numbers

Surface Casing Action ID:	UIC Permit/Order (UIC wells only) <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No.
Intermediate 1 Casing Action ID:	NOI Recomplete Action ID (if applicable):
Intermediate 2 Casing Action ID:	NOI Plugback Action ID (if applicable):
Production Casing Action ID:	Cement Squeeze Action ID (if applicable):
Tubing Action ID:	All casing was pressure tested in accordance with NMAC <input type="checkbox"/> Yes <input type="checkbox"/> No
Liner 1 Action ID:	Casing was installed prior to Action ID system (Y/N): Yes

Section 5 – Test Data

Date First Production 4/27/1995	Production Method Flowing	Well Status Producing	Gas – Oil Ratio
Date of Test 4/29/1995	Choke Size 24/64	Flowing Tubing Pressure	Casing Pressure
24 hr Oil (bbls) 49	24 hr Gas (MCF) 486	24 hr Water (bbls) 8	Oil Gravity - API
Disposition of Gas: Sold			

Section 6 – Pits

<input type="checkbox"/> A temporary pit was used at the well. If so, attach a plat with the location of the temporary pit.
<input type="checkbox"/> A Closed Loop System was used.
<input type="checkbox"/> If an on-site burial was used at the well, report the exact location of the on-site burial: LAT: LONG:

Section 7 - Operator Signature and Certification

<input checked="" type="checkbox"/> I hereby certify that the required Water Use Report has been, or will be, submitted for this well’s completion.	
<input checked="" type="checkbox"/> I hereby certify that the required Fracfocus disclosure has been, or will be, submitted for this well’s completion.	
<input checked="" type="checkbox"/> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Name	
Title Regulatory Specialist	Date 4/21/2025

South Formations				North Formations			
Formation/Zone	MD	TVD	W/O/G	Formation/Zone	MD	TVD	W/O/G
T. Anhy				T. San Jose			
T. Salt	1716'	1716'		T. Nacimiento			
B. Salt	2774'	2774'		T. Ojo Alamo			
T. Yates	2958'	2958'		T. Kirtland			
T. 7 Rivers	3098'	3098'		T. Fruitland			
T. Queen	3554'	3554'		T. Pictured Cliffs			
T. Grayburg	3942'	3942'		T. Lewis Shale			
T. San Andres	4338'	4338'		T. Chacra			
T. Glorieta				T. Cliff House			
T. Yeso				T. Menefee			
T. Paddock				T. Point Lookout			
T. Blinebry	6074'	6074'		T. Mancos			
T.Tubb	6614'	6614'	O/G	T. Gallup			
T. Drinkard	6888'	6888'	O/G	T. Greenhorn			
T. Abo	7128'	7128'	O/G	T. Graneros			
T. Wolfcamp				T. Dakota			
T. Penn				T. Morrison			
T. Cisco				T. Bluff			
T. Canyon				T.Todilto			
T. Strawn				T. Entrada			
T. Atoka				T. Wingate			
T. Morrow				T. Chinle			
T. Barnett Shale				T. Permian			
T. Miss				T. Penn A"			
T. Woodford Shale				T. Penn. "B"			
T. Devonian				T. Penn. "C"			
T. Silurian				T. Penn. "D"			
T. Fusselman				T. Leadville			
T. Montoya				T. Madison			
T. Simpson				T. Elbert			
T. McKee				T. McCracken			
T. Waddell				T. Ignacio Otzte			
T. Connel				T. Granite			
T. Ellenburger				T. Hermosa			
T. Gr. Wash				T. De Chelly			
T. Delaware Sand				T. Pinkerton			
T. Lamar Lime							
T. Bell Canyon							
T. Cherry Canyon							
T. Brushy Canyon							
T. Bone Springs							
T. 1st BS Sand							
T. 2nd BS Carbonate							
T. 2nd BS Sand							
T. 3rd BS Carbonate							
T. 3rd BS Sand							

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WELL COMPLETION OR RECOMPLETION REPORT AND LOG

Section 1 - Operator and Well Information

Submittal Type: <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepening <input type="checkbox"/> Plugback <input checked="" type="checkbox"/> Different Reservoir <input type="checkbox"/> C-144 Closure Attachment <input type="checkbox"/> Other	
Operator Name: Mewbourne Oil Company	OGRID: 14744
Property Name and Well Number: CARTER #3	Property Code: 16457
Mineral Owner: <input type="checkbox"/> State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal	API Number: 30-0 25-32876
Pool Name: WARREN; TUBB EAST	Pool Code: 87085

Section 2 – Well Location

	UI or lot no.	Section	Township	Range	Lot Id	Feet from	N/S Line	Feet from	E/W Line	County
SHL:	D	30	20S	39E		990	North	990	West	Lea
BHL	D	30	20S	39E		990	North	990	West	Lea

Section 3 – Completion Information

Date T.D. Reached 04/04/1995	Total Measured Depth of Well 7700'	Acid Volume (bbls) 24	<input type="checkbox"/> Directional Survey Submitted <input checked="" type="checkbox"/> Deviation Survey Submitted
Date Rig Released 04/06/1995	Plug-Back Measured Depth 7628'	Completion Fluid Used (bbls) 2819	Were Logs Ran (Y/N) Y
Completion Date 04/26/1995	Perforations (MD and TVD) MD 6652' - 6670' TVD 6652' - 6670'	Completion Proppant Used (lbs) 49588	List Type of Logs Ran if applicable:

Section 4 – Action IDs for Submissions and Order Numbers

Surface Casing Action ID:	UIC Permit/Order (UIC wells only) <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No.
Intermediate 1 Casing Action ID:	NOI Recomplete Action ID (if applicable):
Intermediate 2 Casing Action ID:	NOI Plugback Action ID (if applicable):
Production Casing Action ID:	Cement Squeeze Action ID (if applicable):
Tubing Action ID:	All casing was pressure tested in accordance with NMAC <input type="checkbox"/> Yes <input type="checkbox"/> No
Liner 1 Action ID:	Casing was installed prior to Action ID system (Y/N): Yes


Section 5 – Test Data

Date First Production 5/6/2014	Production Method Pumping	Well Status Producing	Gas – Oil Ratio
Date of Test 5/8/2014	Choke Size 0/64	Flowing Tubing Pressure	Casing Pressure 35
24 hr Oil (bbls) 8	24 hr Gas (MCF) 13	24 hr Water (bbls) 38	Oil Gravity - API
Disposition of Gas: Sold			

Section 6 – Pits

<input type="checkbox"/> A temporary pit was used at the well. If so, attach a plat with the location of the temporary pit.
<input type="checkbox"/> A Closed Loop System was used.
<input type="checkbox"/> If an on-site burial was used at the well, report the exact location of the on-site burial: LAT: _____ LONG: _____

Section 7 - Operator Signature and Certification

<input checked="" type="checkbox"/> I hereby certify that the required Water Use Report has been, or will be, submitted for this well’s completion.	
<input checked="" type="checkbox"/> I hereby certify that the required Fracfocus disclosure has been, or will be, submitted for this well’s completion.	
<input checked="" type="checkbox"/> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
Name 	
Title Regulatory Specialist	Date 4/21/2025

South Formations				North Formations			
Formation/Zone	MD	TVD	W/O/G	Formation/Zone	MD	TVD	W/O/G
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T. Salt	1716'	1716'		T. Nacimiento			
B. Salt	2774'	2774'		T. Ojo Alamo			
T. Yates	2958'	2958'		T. Kirtland			
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T. Abo	7128'	7128'	O/G	T. Graneros			
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T. Morrow				T. Chinle			
T. Barnett Shale				T. Permian			
T. Miss				T. Penn A"			
T. Woodford Shale				T. Penn. "B"			
T. Devonian				T. Penn. "C"			
T. Silurian				T. Penn. "D"			
T. Fusselman				T. Leadville			
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T. Bone Springs							
T. 1st BS Sand							
T. 2nd BS Carbonate							
T. 2nd BS Sand							
T. 3rd BS Carbonate							
T. 3rd BS Sand							


DRILLING CO., INC. — OIL WELL DRILLING CONTRACTORS
**KEN REYNOLDS—PRESIDENT
ARNIE NEWKIRK—VICE-PRESIDENT**
**P. O. Box 1498 ROSWELL, NEW MEXICO 88202-1498
505/623-5070 505/746-2719
ROSWELL, NM ARTESIA, NM**

April 07, 1995

 Mewbourne Oil Company
P.O. Box 5270
Hobbs, N.M. 88241

36-025-32576

RE: DK Carter #3

Unit D 36-203-392

990' 4990'

Gentlemen:

 the following is a Deviation Survey on the above referenced well located in
Lea County, New Mexico.

477' - 1/2°	3013' - 1/2°	5879' - 3/4°
965' - 1/2°	3507' - 1/2°	6365' - 3/4°
1474' - 3/4°	4007' - 3/4°	6856' - 3/4°
1574' - 1/2°	4310' - 1/2°	7344' - 3/4°
2053' - 1°	4800' - 1/2°	7700' - 3/4° TD
2514' - 1°	5295' - 3/4°	

Sincerely,

 Gary W. Chappell
Contracts Manager

 STATE OF NEW MEXICO }
COUNTY OF CHAVES }

 The foregoing was acknowledged before me this 07th day of April 1995 by
Gary W. Chappell.

MY COMMISSION EXPIRES

October 07, 1996

NOTARY PUBLIC

Sante Fe Main Office
Phone: (505) 476-3441

General Information
Phone: (505) 629-6116

Online Phone Directory
<https://www.emnrd.nm.gov/ocd/contact-us>

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

CONDITIONS

Action 453746

CONDITIONS

Operator: MEWBOURNE OIL CO P.O. Box 5270 Hobbs, NM 88241	OGRID: 14744
	Action Number: 453746
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
keith.dziokonski	None	4/22/2025