

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Operator Copy

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

| | | | |
|---|---|--|--|
| 1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other | | 5. Lease Serial No. NMNM27278 | |
| b. Type of Completion <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr. Other _____ | | 6. If Indian, Allottee or Tribe Name | |
| 2. Name of Operator MEWBOURNE OIL COMPANY | | 7. Unit or CA Agreement Name and No. NN134237 | |
| Contact: JACKIE LATHAN E-Mail: jlathan@mewbourne.com | | 8. Lease Name and Well No. LEO 15 B2DH FED COM 1H | |
| 3. Address PO BOX 5270 HOBBS, NM 88241 | | 9. API Well No. 30-015-42898 | |
| 3a. Phone No. (include area code) Ph: 575-393-5905 | | 10. Field and Pool, or Exploratory BONE SPRING | |
| 4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface NWNW 430FNL 370FWL At top prod interval reported below SENW 1334FNL 2264FWL At total depth SENE 2573FNL 333FEL | | 11. Sec., T., R., M., or Block and Survey or Area Sec 15 T18S R30E Mer NMP | |
| 14. Date Spudded 01/23/2015 | | 15. Date T.D. Reached 02/21/2015 | |
| 16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 03/26/2015 | | 17. Elevations (DF, KB, RT, GL)* 3516 GL | |
| 18. Total Depth: MD TVD 13200 8356 | 19. Plug Back T.D.: MD TVD 13193 8356 | 20. Depth Bridge Plug Set: MD TVD | |
| 21. Type Electric & Other Mechanical Logs Run (Submit copy of each) DID NOT LOG | | 22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit analysis) | |

23. Casing and Liner Record (Report all strings set in well)

| Hole Size | Size/Grade | Wt. (#/ft.) | Top (MD) | Bottom (MD) | Stage Cementer Depth | No. of Sks. & Type of Cement | Slurry Vol. (BBL) | Cement Top* | Amount Pulled |
|-----------|------------|-------------|----------|-------------|----------------------|------------------------------|-------------------|-------------|---------------|
| 17.500 | 13.375 H40 | 48.0 | 0 | 415 | 0 | 450 | 107 | 0 | 0 |
| 12.250 | 9.625 J55 | 36.0 | 0 | 1525 | 0 | 730 | 238 | 0 | 0 |
| 8.750 | 7.000 P110 | 26.0 | 0 | 8533 | 0 | 1050 | 353 | 0 | 0 |
| 6.125 | 4.500 P110 | 13.5 | 7671 | 13200 | 0 | 550 | 125 | 0 | 0 |

24. Tubing Record

| Size | Depth Set (MD) | Packer Depth (MD) | Size | Depth Set (MD) | Packer Depth (MD) | Size | Depth Set (MD) | Packer Depth (MD) |
|------|----------------|-------------------|------|----------------|-------------------|------|----------------|-------------------|
| | | | | | | | | |

25. Producing Intervals

| Formation | Top | Bottom | Perforated Interval | Size | No. Holes | Perf. Status |
|----------------|------|--------|---------------------|-------|-----------|--------------|
| A) BONE SPRING | 4289 | 13200 | 10235 TO 13185 | 0.420 | 342 | OPEN |
| B) | | | | | | |
| C) | | | | | | |
| D) | | | | | | |

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

| Depth Interval | An |
|----------------|---|
| 10235 TO 13185 | 20,000 GALS 15% ACID, 4,055,821 GALS SLICKWATER |

Oil Conservation Division
Case No. 2
Exhibit No. 2

28. Production - Interval A

| Date First Produced | Test Date | Hours Tested | Test Production | Oil BBL | Gas MCF | Water BBL | Oil Gravity Corr. API | Gas Gravity | Production Method |
|---------------------|-------------------|--------------|-----------------|---------|---------|-----------|-----------------------|-------------|-------------------|
| 03/26/2015 | 03/27/2015 | 17 | → | 325.0 | 148.0 | 1860.0 | 40.0 | 0.78 | FLOW FROM WELL |
| Choke Size | Tbg. Press. Flwg. | Csg. Press. | 24 Hr. Rate | Oil BBL | Gas MCF | Water BBL | Gas:Oil Ratio | Well Status | |
| 35/64 | SI | 0 | → | 459 | 209 | 2626 | 455 | POW | |

28a. Production - Interval B

| Date First Produced | Test Date | Hours Tested | Test Production | Oil BBL | Gas MCF | Water BBL | Oil Gravity Corr. API | Gas Gravity | Production Method |
|---------------------|-------------------|--------------|-----------------|---------|---------|-----------|-----------------------|-------------|-------------------|
| | | | → | | | | | | |
| Choke Size | Tbg. Press. Flwg. | Csg. Press. | 24 Hr. Rate | Oil BBL | Gas MCF | Water BBL | Gas:Oil Ratio | Well Status | |
| | SI | | → | | | | | | |

ACCEPTED FOR RECORD

MAY 28 2015
[Signature]
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #297567 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

Reclamation
Date: 9/27/15

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) 749-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

| | | |
|---|---|--|
| ¹ API Number 30-015-42848 | ² Pool Code 39513 | ³ Pool Name Lolo Hills; Bone Spring East |
| ⁴ Property Code | ⁵ Property Name LEO 15 B2DH Fcl Com | ⁶ Well Number 1H |
| ⁷ GRID No. 14744 | ⁸ Operator Name MEWBOURNE OIL COMPANY | ⁹ Elevation 3519' |

¹⁰ Surface Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| D | 15 | 18-S | 30-E | | 430 | NORTH | 370 | WEST | EDDY |

¹¹ Bottom Hole Location If Different From Surface

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| H | 15 | 18S | 30E | | 2573 | North | 333 | East | EDDY |

| | | | |
|-------------------------------|-------------------------------|----------------------------------|-------------------------|
| ¹² Dedicated Acres | ¹³ Joint or Infill | ¹⁴ Consolidation Code | ¹⁵ Order No. |
| | | | |

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>17 OPERATOR CERTIFICATION 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 undivided 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 such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order having been ordered by the division.</p> <p>Signature: <u>Robin Tarull</u> Date: <u>4/8/2015</u></p> <p>Printed Name: _____</p> <p>Email Address: _____</p> |
| | <p>18 SURVEYOR CERTIFICATION 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>Date of Survey: <u>8/8/13</u></p> <p>Signature and Seal of Professional Surveyor: <u>Robert M. Howett</u></p> <p>19880 Certificate Number</p> |
| | |
| | |

28b. Production - Interval C

| | | | | | | | | | |
|---------------------|----------------------|--------------|----------------------|---------|---------|-----------|-----------------------|-------------|-------------------|
| Date First Produced | Test Date | Hours Tested | Test Production → | Oil BBL | Gas MCF | Water BBL | Oil Gravity Corr. API | Gas Gravity | Production Method |
| Choke Size | Tbg. Press. Flwg. SI | Csg. Press. | 24 Hr. Rate → | Oil BBL | Gas MCF | Water BBL | Gas:Oil Ratio | Well Status | |

28c. Production - Interval D

| | | | | | | | | | |
|---------------------|----------------------|--------------|----------------------|---------|---------|-----------|-----------------------|-------------|-------------------|
| Date First Produced | Test Date | Hours Tested | Test Production → | Oil BBL | Gas MCF | Water BBL | Oil Gravity Corr. API | Gas Gravity | Production Method |
| Choke Size | Tbg. Press. Flwg. SI | Csg. Press. | 24 Hr. Rate → | Oil BBL | Gas MCF | Water BBL | Gas:Oil Ratio | Well Status | |

29. Disposition of Gas(Sold, used for fuel, vented, etc.)
SOLD

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

| Formation | Top | Bottom | Descriptions, Contents, etc. | Name | Top Meas. Depth |
|-------------|------|--------|------------------------------|--|--|
| BONE SPRING | 4289 | 13200 | OIL, WATER & GAS | RUSTLER T SALT B SALT YATES QUEEN SAN ANDRES DELAWARE BONE SPRING | 321 555 1343 1507 2583 3425 3674 4289 |

32. Additional remarks (include plugging procedure):

Did not log. Received approval from Robert Salaz w/BLM.

33. Circle enclosed attachments:

- | | | | |
|---|--------------------|---------------|-----------------------|
| 1. Electrical/Mechanical Logs (1 full set req'd.) | 2. Geologic Report | 3. DST Report | 4. Directional Survey |
| 5. Sundry Notice for plugging and cement verification | 6. Core Analysis | 7. Other: | |

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions):

Electronic Submission #297567 Verified by the BLM Well Information System.
For MEWBOURNE OIL COMPANY, sent to the Carlsbad
Committed to AFMSS for processing by DEBORAH HAM on 05/14/2015 0

Name (please print) JACKIE LATHAN

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 04/08/2015

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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