Submit 1 Copy To Appropriate District Office
District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103
Revised August 1, 2011

WELL API NO.
30-015-27286

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name
Chalk Bluff 36 State

1. Type of Well: Oil Well ☐ Gas Well ☒ Other

8. Well Number 1

2. Name of Operator
Mewbourne Oil Company

9. OGRID Number 14744

3. Address of Operator
PO Box 5270, Hobbs, NM 88240

10. Pool name or Wildcat
Illinois Camp Morro-North

4. Well Location
Unit Letter M : 990' feet from the West line and 660' feet from the South line
Section 36 Township 17S Range 27E NMPM SW/SW County Eddy

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*
3635' - GL

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	P AND A	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
DOWNHOLE COMMINGLE	☐						
OTHER: Shut In		☐ Cancel APD		OTHER:			☐

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.

Well shut in temporarily due to low market conditions.

Spud Date: Rig Release Date:

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

SIGNATURE Bradley C Bishop TITLE Regulatory Manager DATE 5-13-20

Type or print name Bradley Bishop E-mail address: bbishop@mewbourne.com PHONE: 575-393-5905

For State Use Only

APPROVED BY: TITLE DATE

Conditions of Approval (if any):