

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**SUNDRY NOTICES AND REPORTS ON WELLS**
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*5. Lease Serial No.
NMNM01165

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

8. Well Name and No.

GLOCK 17/16 WOMP FED COM 1H

2. Name of Operator

MEWBOURNE OIL COMPANY

Contact: JACKIE LATHAN

E-Mail: jlathan@mewbourne.com

9. API Well No.

30-015-46733

3a. Address

PO BOX 5270
HOBBS, NM 88241

3b. Phone No. (include area code)

Ph: 575-393-5905

10. Field and Pool or Exploratory Area

WC-015-G-04 S202920D; BS

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 17 T20S R29E Mer NMP SWSW 1270FSL 230FWL

11. County or Parish, State

EDDY COUNTY, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Hydraulic Fracture
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleting horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleting in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

AMENDED TO ADD FORMATION TOPS PER NMOCD.

Ran GR while drlg.

09/11/2020 Frac Horizontal Wolfcamp from 9403' MD (9270' TVD) to 19524' MD (9411' TVD) w/20,787,228 gals of SW, carrying 25,423,209# Local 100 Mesh Sand.

Flowback well for cleanup.

Drill out frac plugs to PBTD @ 19562'

09/28/2020 Put well on production.

Entered - KMS NMOCD

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #534697 verified by the BLM Well Information System
For MEWBOURNE OIL COMPANY, sent to the Carlsbad**

Name (Printed/Typed) JACKIE LATHAN

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 10/20/2020

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

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.

(Instructions on page 2)

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

Additional data for EC transaction #534697 that would not fit on the form

32. Additional remarks, continued

Formation Top Bottom Descriptions, Contents, etc.
Name Top (MD)Wolfcamp 9197 - 19581 WATER, OIL & GAS

CASTILE 521'
BASE OF SALT 837'
YATES 1080'
CAPITAN 1470'
DELAWARE 3004'
BONE SPRING 5790'
WOLFCAMP 9197

We are asking for an exemption from tubing at this time.

"REQUEST FOR OCD EXTENSION OF TIME TO FILE BLM - APPROVED FORM 3160-4"

Bond on file: NM1693 nationwide & NMB000919

Intent ☐ As Drilled ☒

API #
30-015-46733

Operator Name: Mewbourne Oil Company	Property Name: Glock 17/16 WOMP Fed Com	Well Number 1H
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Kick Off Point (KOP)

UL SW/4	Section 17	Township 20S	Range 29E	Lot	Feet 446	From N/S S	Feet 26	From E/W W	County Ellis
Latitude 32.5674694					Longitude -104.1057083				NAD 83

First Take Point (FTP)

UL M	Section 17	Township 20S	Range 29E	Lot	Feet 460	From N/S S	Feet 322	From E/W W	County Ellis
Latitude 32.5674764					Longitude -104.1047422				NAD 83

Last Take Point (LTP)

UL P	Section 16	Township 20S	Range 29E	Lot	Feet 446	From N/S S	Feet 147	From E/W E	County Ellis
Latitude 32.5674417					Longitude -104.0719361				NAD 83

Is this well the defining well for the Horizontal Spacing Unit?

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Is this well an infill well?

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If infill is yes please provide API if available, Operator Name and well number for Defining well for Horizontal Spacing Unit.

API #

Operator Name:	Property Name:	Well Number
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KZ 06/29/2018