Submit 1 Copy To Appropriate District Office,	State of Ne	w Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and	d Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			WELL API NO. 30-015-40753
811 S. First St., Artesia, NM 88210	OIL CONSERVA		5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St		STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, N	NM 87303	6. State Oil & Gas Lease No.
		OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name Mirage 30 PM State Com
	Gas Well Other		8. Well Number 1H
Name of Operator Mewbourne Oil Company			9. OGRID Number 14744
3. Address of Operator			10. Pool name or Wildcat Winchester; Bone Spring 65010
PO Box 5270 Hobbs, NM 88241 4. Well Location			Winchester; Bone Spring 65010
	00 feet from the Sou	th line and _150	feet from the East line
Section 30	Township 19S	Range 29E	NMPM Eddy County
	11. Elevation (Show wheth 3311 GL		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
TEMPORARILY ABANDON	PLUG AND ABANDON CHANGE PLANS CMULTIPLE COMPL] REMEDIAL WOR	ILLING OPNS. P AND A
OTUED.		OTUED.	
	k). SEE RULE 19.15.7.14		nd give pertinent dates, including estimated date impletions: Attach wellbore diagram of
additives. Mixed @ 14.6/g w/ 1.49 y AM 01/30/13. Did not circ cement.	/d. Tail with 400 sks Class Slow rate lift pressure @ 90 in 5 stages with 189 sks Cla	C w/2% CaCl2. Mixed @ # @ 3 BPM. WOC 6 hrs. ass H. Mixed @ 14.6#/g v	g. Cemented with 180 sks Thixad Class H with @ 14.8 #/g w/ 1.34 yd. Plug down @ 11:45 Ran temperature survey indicating TOC @ w/1.49 yd. At 9:00 PM 01/31/13, tested BOPE
Copy of the temperature survey attach	ed.		RECEIVED FEB 05 2013
Spud Date: 01/29/2013	Rig	Release Date:	NMOCD ARTESIA
:			
I hereby certify that the information al	ove is true and complete to	the best of my knowledg	ge and belief.
	•		
SIGNATURE JOCKIE	Lathan TITLE	Hobbs Regulatory	DATE02/04/13
Type or print name _Jackie Lathan For State Use Only	E-mail add	lress: jlathan@mewbourn	ne.com_ PHONE: 575-393-5905
APPROVED BY:	TITLE (Jest A Superin	DATE 8/5/13
Conditions of Approval (if any):			,

Mewbourne Mirage 30 pm St. com. #1h T.O.C. 125' 1-30-13

