

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

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FORM APPROVED
OMB NO. 1004-0137
Expires: October 31, 2014

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		6. If Indian, Allottee or Tribe Name	
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. Resrv., Other: _____		7. Unit or CA Agreement Name and No. NMNM129487	
2. Name of Operator Mewbourne Oil Company		8. Lease Name and Well No. Aries 20 Federal Com #4H	
3. Address PO Box 5270, Hobbs, NM 88241		9. API Well No. 30-015-40427	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface 450' FSL & 330' FWL At top prod. interval reported below 505' FSL & 352' FWL At total depth 778' FSL & 348' FEL		10. Field and Pool or Exploratory Santo Nino; Bone Spring 54600	
14. Date Spudded 08/24/12		15. Date T.D. Reached 01/24/13	
16. Date Completed 02/12/13 <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod.		17. Elevations (DF, RKB, RT, GL)* 3475' GL	
18. Total Depth: MD 12700' TVD 8244'		19. Plug Back T.D.: MD 12680' TVD 8244'	
20. Depth Bridge Plug Set: MD 8078' TVD 8036'		21. Type Electric & Other Mechanical Logs Run (Submit copy of each) GR, CCL & CNL	
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 report) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit copy)		23. Casing and Liner Record (Report all strings set in well)	
24. Tubing Record		25. Producing Intervals	
26. Perforation Record		27. Acid, Fracture, Treatment, Cement Squeeze, etc.	
28. Production - Interval A		28a. Production - Interval B	

RECEIVED
MAR 19 2013
NMOCD ARTESIA

RECLAMATION
DUE 8-12-13

ACCEPTED FOR RECORD
MAR 17 2013
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

*(See instructions and spaces for additional data on page 2)

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 (Solid, used for fuel, vented, etc.)

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
				Rustler	437'
				T. Salt	566'
				B. Salt	1500'
				Yates	1683'
				Queen	2517'
				Delaware	3536'
				Bone Spring	4508'

32. Additional remarks (include plugging procedure):

Original Lateral was abandon due to casing/port problems. Set plugs & Whipstock. Cut window in 4 1/2" csg & drilled replacement lateral in same Bone Springs Section. Set new replacement casing & Packer/Ports as reported on sundry. Both wellbore #1 & #2 directional surveys enclosed.

33. Indicate which items have been attached by placing a check in the appropriate boxes:

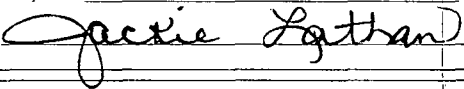
- ☒ Electrical/Mechanical Logs (1 full set req'd.)
 ☐ Geologic Report
 ☐ DST Report
 ☒ Directional Survey
☐ Sundry Notice for plugging and cement verification
 ☐ Core Analysis
☒ Other: Comp sundry, Dev Rpt, C-104, Gyro, Final C-102, C-144 Clez, pkr port.

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

Name (please print) Jackie Lathan

Title Hobbs Regulatory

Signature



Date 02/21/13

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.