

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

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

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.
NMNM25953

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE – Other instructions on page 2.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator Mewbourne Oil Company
Mewbourne Oil Company

3a. Address
PO Box 5270 Hobbs, NM 88241

3b. Phone No. (include area code)
575-393-5905

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

8. Well Name and No.
Willow Lake 35 MD Fed Com #1H

9. API Well No.
30-015-38106

10. Field and Pool or Exploratory Area
Willow Lake; Bone Spring 64450

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
330' FSL & 370' FWL, Sec 35, T24S, R28E

11. Country or Parish, State
Eddy, County NM

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

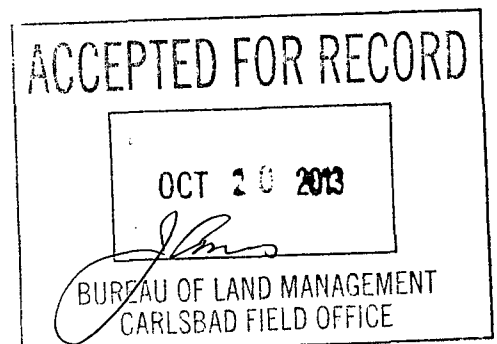
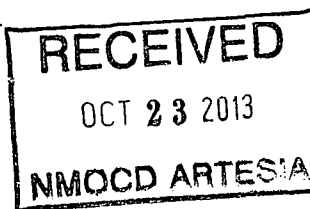
TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<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 <u>Completion Sundry</u>
	<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 recomplete 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 recompletion 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.)

07/12/13 Frac horizontal Bone Springs from 8768' MD (8298' TVD) to 12741' MD (8291' TVD) in 20 stages w/323,704 gals slickwater, 267,478 gals 20# Linear gel & 780,236 gals 20# XL gel carrying 89,961# 100 mesh sand, 1,719,981# 20/40 sand & 334,618# 20/40 SB Excel Sand. Flowback well for cleanup.

07/16/13 Put well on production.

07/27/13 RIH w/2 7/8" 6.5# L80 tbg & GLV's to 7890'.



Accepted for record
NMOC D

WDade 10/24/13

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

Jackie Lathan

Title Hobbs Regulatory

Signature

Date 08/27/13

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)

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