Submit I Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District 1</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District 11</u> – (575) 748-1283	OIL CONSERVATION DIVISION	30-015-41356
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE STATE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	Hayhurst 23 PA State Com
PROPOSALS.) 1. Type of Well: Oil Well 🛛 Gas Well 🗌 Other		8. Well Number 1H
2. Name of Operator		9. OGRID Number 14744
Mewbourne Oil Company		10. Pool name or Wildcat
3. Address of Operator PO Box 5270, Hobbs NM 88241		Hay Hollow; Bone Spring 30216
4. Well Location		
Unit Letter P	285 feet from the South line and 500	feet from theEastline
Section 23	Township 25S Range 27E 11. Elevation (Show whether DR, RKB, RT, GR, etc.	NMPM Eddy County
	3067' GL	:)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
	ITENTION TO: SUE	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WO	
PULL OR ALTER CASING		NI JOB
CLOSED-LOOP SYSTEM		
OTHER: 13 Describe proposed or comr	Deted operations. (Clearly state all pertinent details, a	with Tubing 🛛 🖄
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or rec	completion.	
10/18/13 RIH with 2 ⁷ / ₈ " 6.5# L80	tubing & GLV's to 7372'.	RECEIVED
		NOV 04 2013
		NMOCD ARTESIA
Spud Date: 08/01/2013	Rig Release Date: 08/22/2	013
I hereby certify that the information	above is true and complete to the best of my knowled	ge and belief.
	·	
		DATE 10/20/12
SIGNATURE Jathan TITLE_RegulatoryDATE10/30/13		
Type or print name_Jackie Lathan E-mail address: _jlathan@mewbourne.com PHONE: _575-393-5905 For State Use Only		
to Del	TITLE AIST HSudewisd	DATE 11/1 /12
APPROVED BY: <u>AUXON</u> Conditions of Approval (if any):	IIILE NIST TI Speniso	DATE <u>11/6/13</u>
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