

OCD Artesia

Form 3160-5
(March 2012)UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB No. 1004-0137
Expires: October 31, 2014**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.
LC-066087-A (BHL) & State (SL)
6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2.

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

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.
Zircon 12-7 BC Fed Com #1H

2. Name of Operator

Mewbourne Oil Company

9. API Well No.
30-015-41717

3a. Address

PO Box 5270, Hobbs NM 88240

3b. Phone No. (include area code)

575-393-5905

10. Field and Pool or Exploratory Area
Turkey Track Bone Spring 60660

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

660' FNL & 2490' FWL, Sec 12, T19S, R30E

11. County or Parish, State
Eddy

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>Drilling Operations</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	

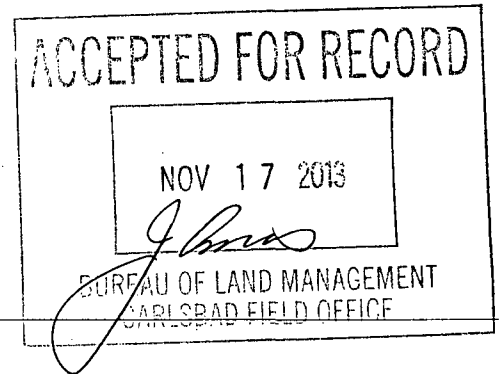
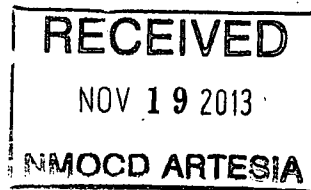
13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths 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 recompleat 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.)

10/17/13 TD 8 3/4" hole @ 8601'. Ran 8601' of 7" 26# P110 BT&C & LT&C csg. Cemented with 650 sks BJ Lite Class C (60:40:0) w/additives. Mixed @ 12.0 #/g w/2.12 yd. Tail w/400 sks Class H w/0.5% CaCl₂. Mixed @ 15.6 #/g w/1.18 yd. Plug down @ 10:15 AM 10/17/13. Circ 63 sks of cmt to the pit. Tested BOPE to 3000#. At 4:00 PM 10/20/13, tested Annular & csg to 1500# for 30 mins, held OK. Drilled out with 6 1/8" bit.

Chart & schematic attached.

Bond on file: NM1693 nationwide & NMB000919

LRD 11/9/13
Accepted for record
11/13/13



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

Jackie Lathan

Title Regulatory

Signature

Date 10/25/13

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

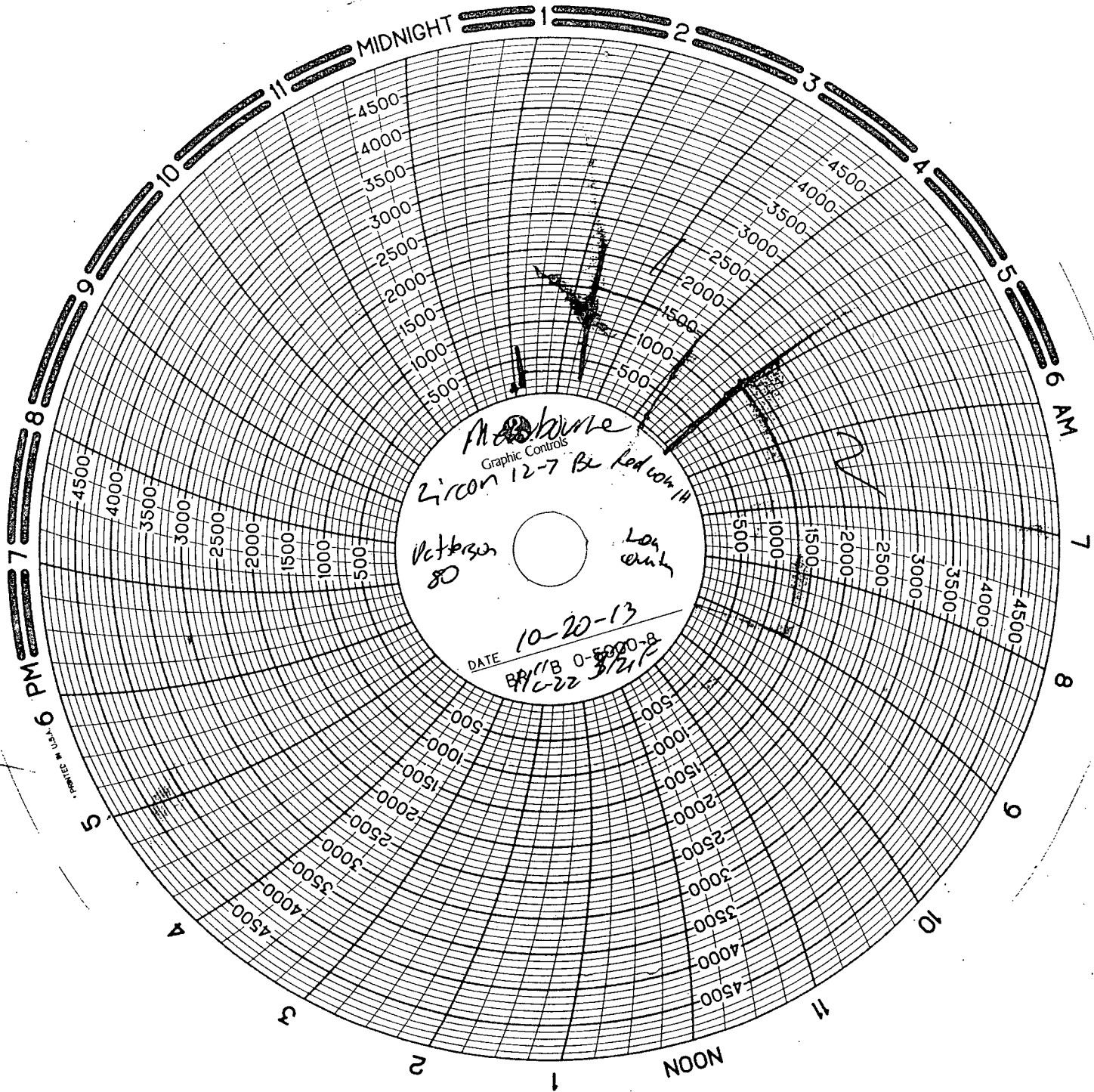
Date

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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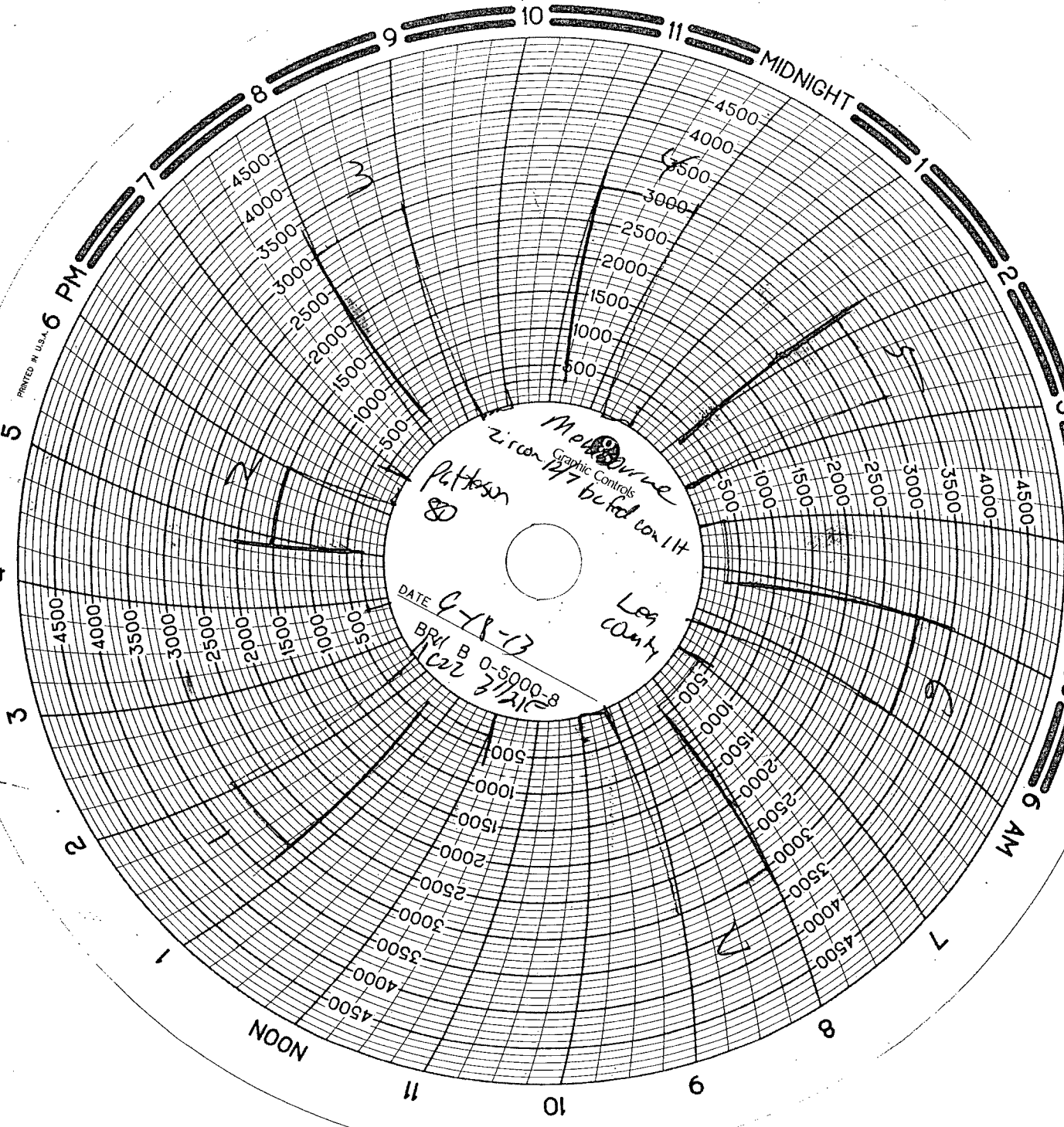
6 PM

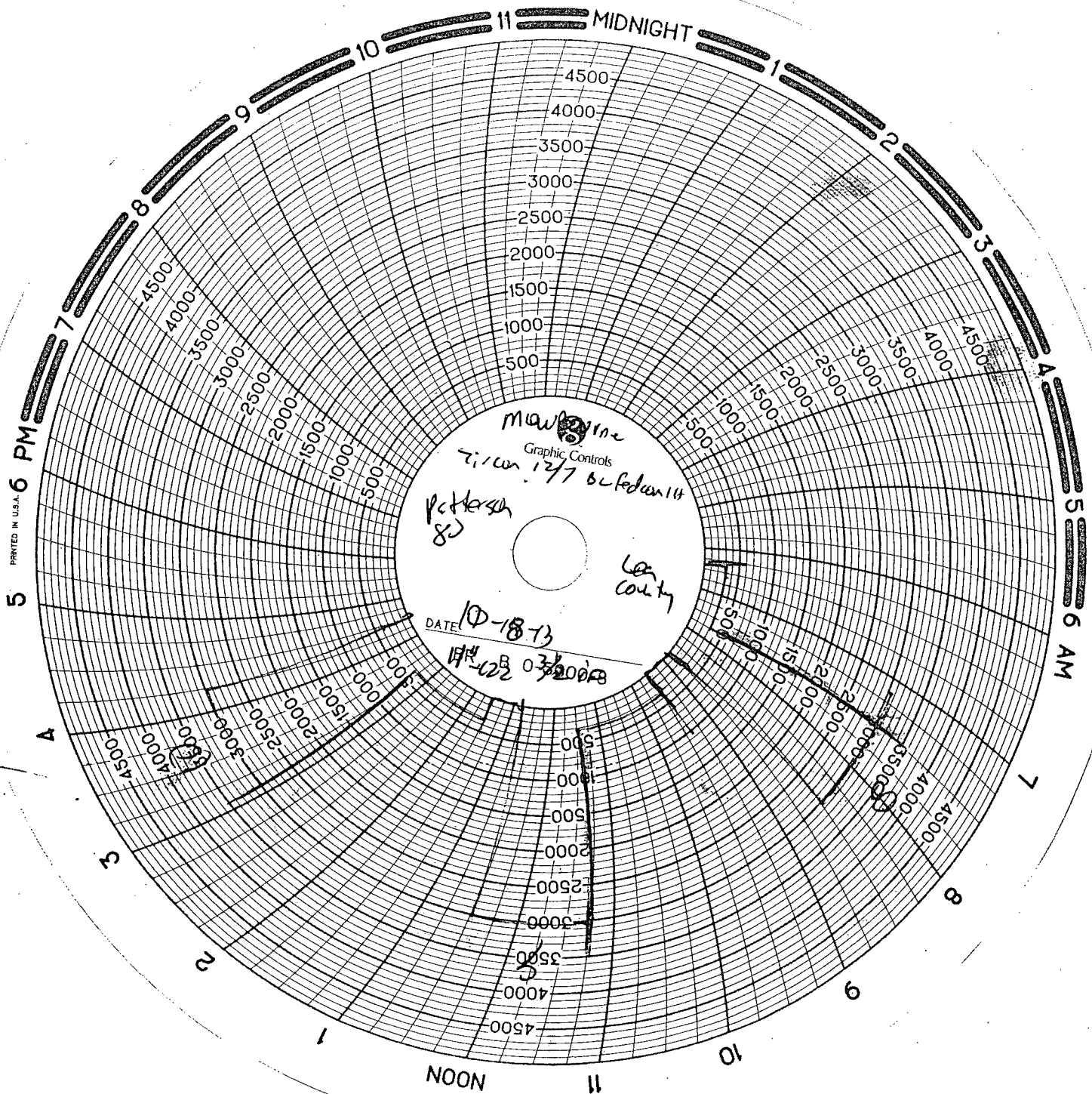
MIDNIGHT

6 AM

NOON

Medicine
Graphic Controls
2100-177 bed con 114
Pittsboro
80
DATE 9-18-13
BRL B 0-5000-8
11/22 3/12/12
Los
County



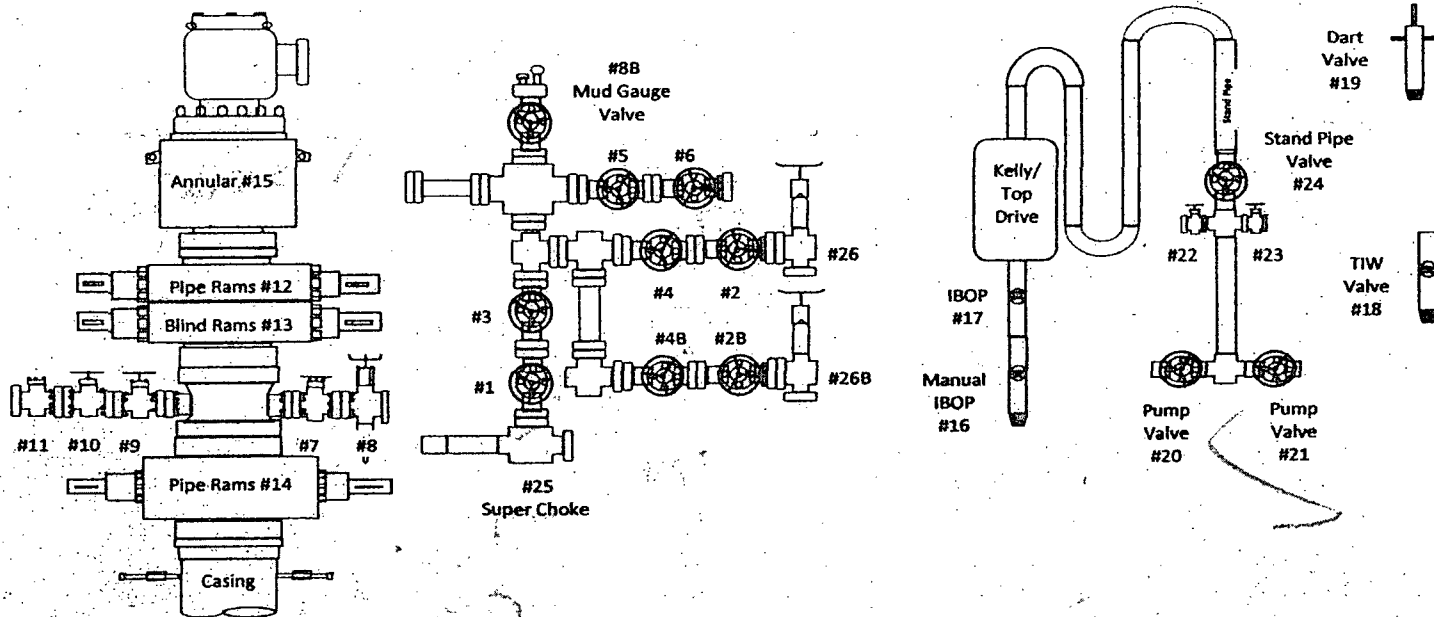




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***Appropriate Casing Valve Must Be Open During BOP Test ***

*** Check Valve Must Be Open/Disabled To Test Kill Line Valves ***

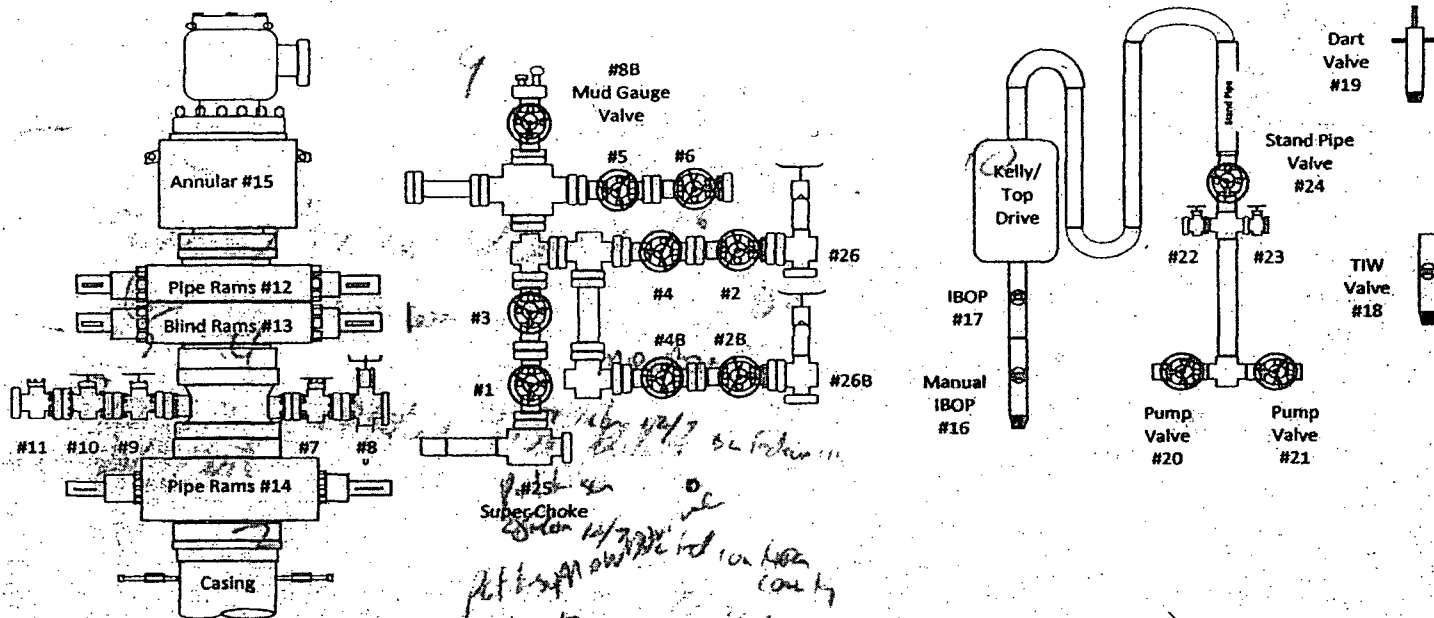
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Pg. 1 of 2

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