

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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FEB 20 2014

FORM APPROVED
OMB NO. 1004-0135
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.***SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM112273
2. Name of Operator MEWBOURNE OIL COMPANY Contact: JACKIE LATHAN E-Mail: jlathan@mewbourne.com		6. If Indian, Allottee or Tribe Name
3a. Address PO BOX 5270 HOBBS, NM 88241	3b. Phone No. (include area code) Ph: 575-393-5905 Fx: 575-397-6252	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 7 T20S R30E SWSW 405FSL 200FWL		8. Well Name and No. TWO MESAS 7 MP FED 1H
		9. API Well No. 30-015-41420
		10. Field and Pool, or Exploratory BONE SPRING
		11. County or Parish, and State EDDY COUNTY, NM

12. CHECK 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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

11/07/13 TD 17 1/2" hole @ 1764'. Ran 1764' of 13 3/8" 54.5# & 48# H40 ST&C csg. Cemented with 1100 sks Class C (35:65:4) w/additives. Mixed @ 12.5 #/g w/2.20 yd. Tail w/200 sks Class C neat. Mixed @ 14.8#/g w/1.33 yd. Plug down @ 4:00 P.M. 11/07/13. At 2:30 AM 11/09/13, tested BOPE & csg to 1250# for 30 mins, held OK. Circ 180 sks of cmt to the pit. Drilled out w/12 1/4" bit.

Chart & schematic attached.

Bonds on file: NM1693 nationwide & NMB000919

Accepted for record
LRD 11/06/14RECEIVED
FEB 20 2014
MOCD ARTESIAACCEPTED FOR RECORD
FEB 17 2014
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

14. I hereby certify that the foregoing is true and correct. Electronic Submission #228698 verified by the BLM Well Information System For MEWBOURNE OIL COMPANY, sent to the Carlsbad Committed to AFMSS for processing by JOHNNY DICKERSON on 01/17/2014 ()	
Name (Printed/Typed) JACKIE LATHAN	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 12/05/2013

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.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

MAN WELDING SERVICES, INC

Company Newbarrne

Date 11-8-13

Lease Two Meters "7" HP Tool # 1-11

County Edley Co. W.Va.

Drilling Contractor Patterson 41

Plug & Drill Pipe Size 4 1/2 x 4

Accumulator Function Test - OO&GO#2

To Check - **USABLE FLUID IN THE NITROGEN BOTTLES** (III.A.2.c.i. or ii or iii)

- Make sure all rams and annular are open and if applicable HCR is closed.
- Ensure accumulator is pumped up to working pressure! **(Shut off all pumps)**
 1. Open HCR Valve: (If applicable)
 2. Close annular.
 3. Close all pipe rams. No Pipe Rams
 4. Open one set of the pipe rams to simulate closing the blind ram.
 5. For 3 ram stacks, open the annular to achieve the 50+ % safety factor. (5M and greater systems).
 6. **Record remaining pressure** 1400 psi. **Test Fails if pressure is lower than required.**
 - a. {950 psi for a 1500 psi system}
 - b. {1200 psi for a 2000 & 3000 psi system}
 7. If annular is closed, open it at this time and close HCR.

To Check - **PRECHARGE ON BOTTLES OR SPHERICAL** (III.A.2.d.)

- Start with manifold pressure at, or above, maximum acceptable pre-charge pressure:
 - a. {800 psi for a 1500 psi system}
 - b. {1100 psi for 2000 and 3000 psi system}
- 1. Open bleed line to the tank, slowly. **(gauge needle will drop at the lowest bottle pressure)**
- 2. Close bleed line. Barely bump electric pump and see what pressure the needle jumps up to.
- 3. **Record pressure drop** 1000 psi. **Test fails if pressure drops below minimum.**
- **Minimum:** a. {700 psi for a 1500 psi system} b. {900 psi for a 2000 & 3000 psi system}

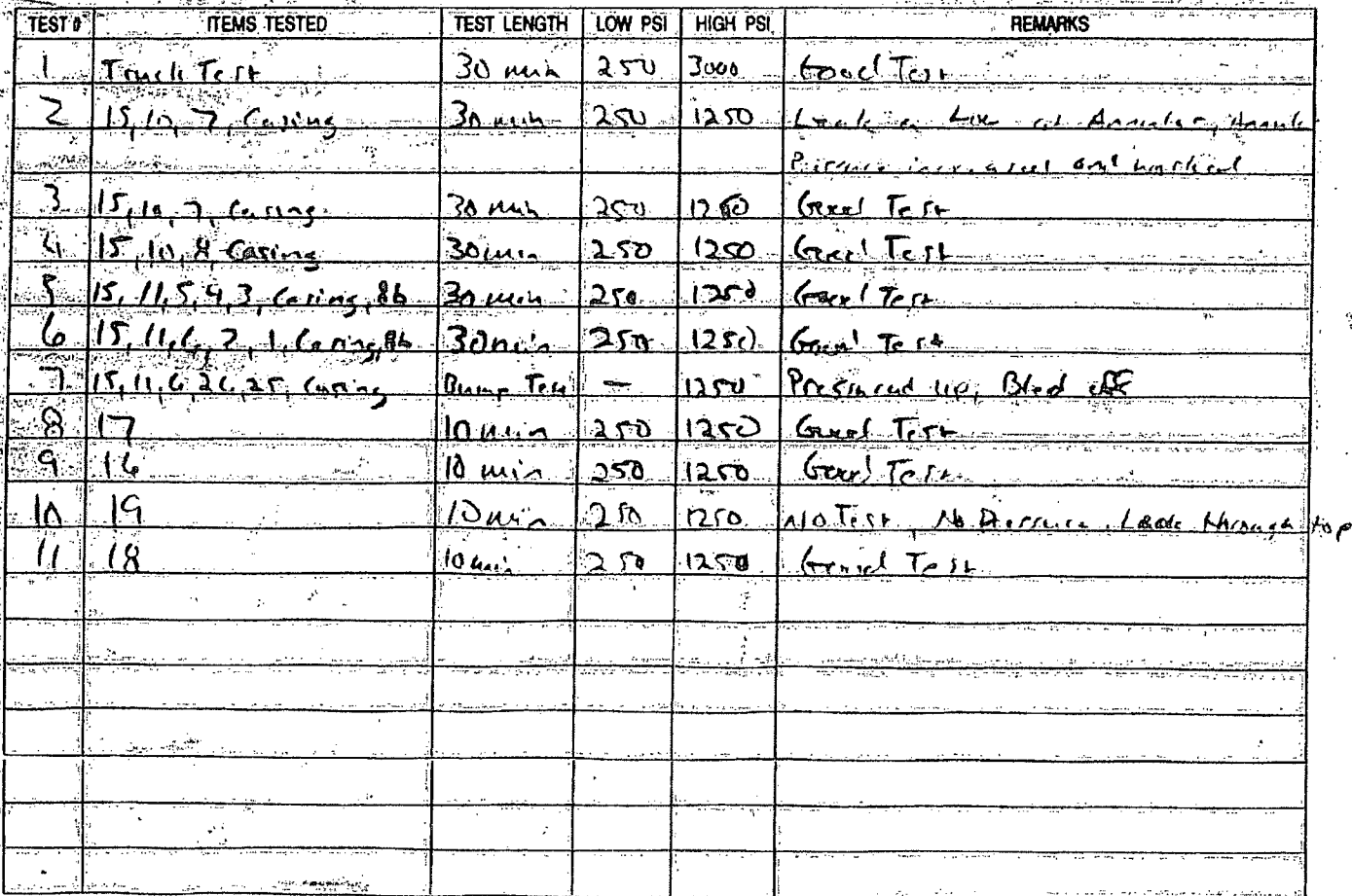
To Check - **THE CAPACITY OF THE ACCUMULATOR PUMPS** (III.A.2.f.)

- Isolate the accumulator bottles or spherical from the pumps & manifold.
- Open the bleed off valve to the tank, {manifold psi should go to 0 psi} close bleed valve.
 1. Open the HCR valve, {if applicable}
 2. Close annular
 3. With **pumps** only, time how long it takes to regain the required manifold pressure.
 4. **Record elapsed time** 1 min 45 sec **Test fails if it takes over 2 minutes.**
 - a. {950 psi for a 1500 psi system}
 - b. {1200 psi for a 2000 & 3000 psi system}



Pg. 1 of 1

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



40 1 Hr CHART
96 min clock

45

50

55

60

15

10

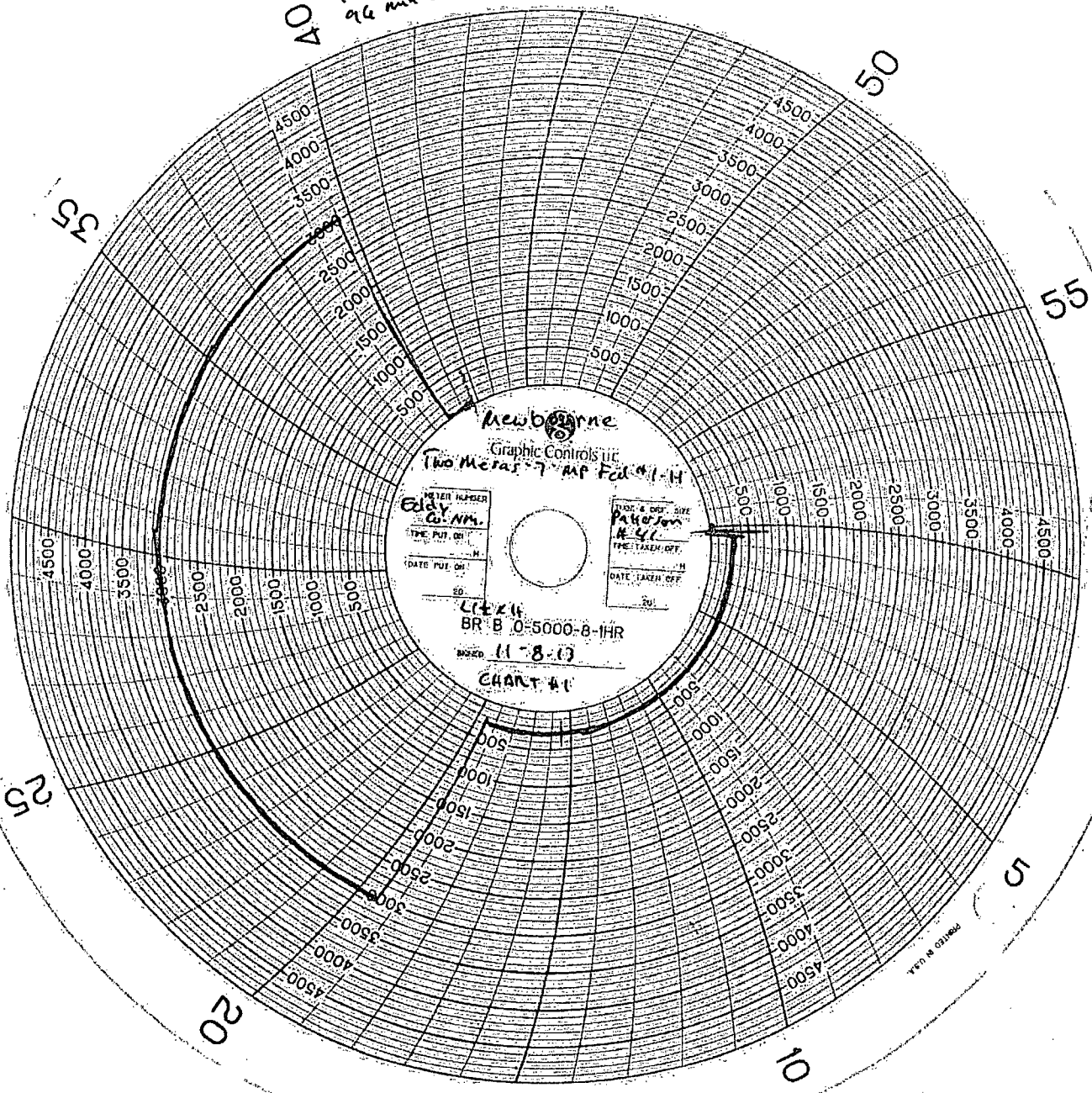
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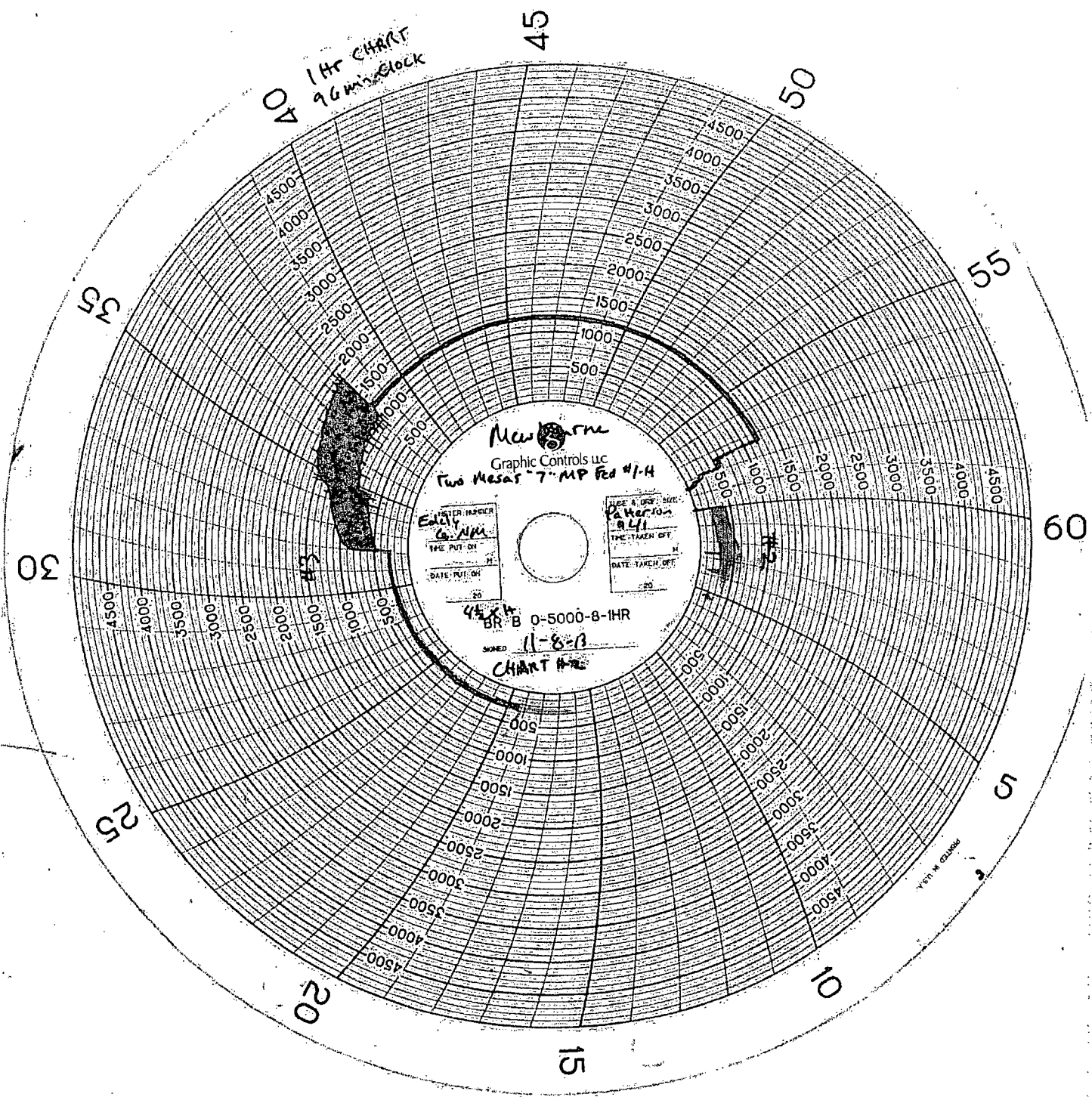
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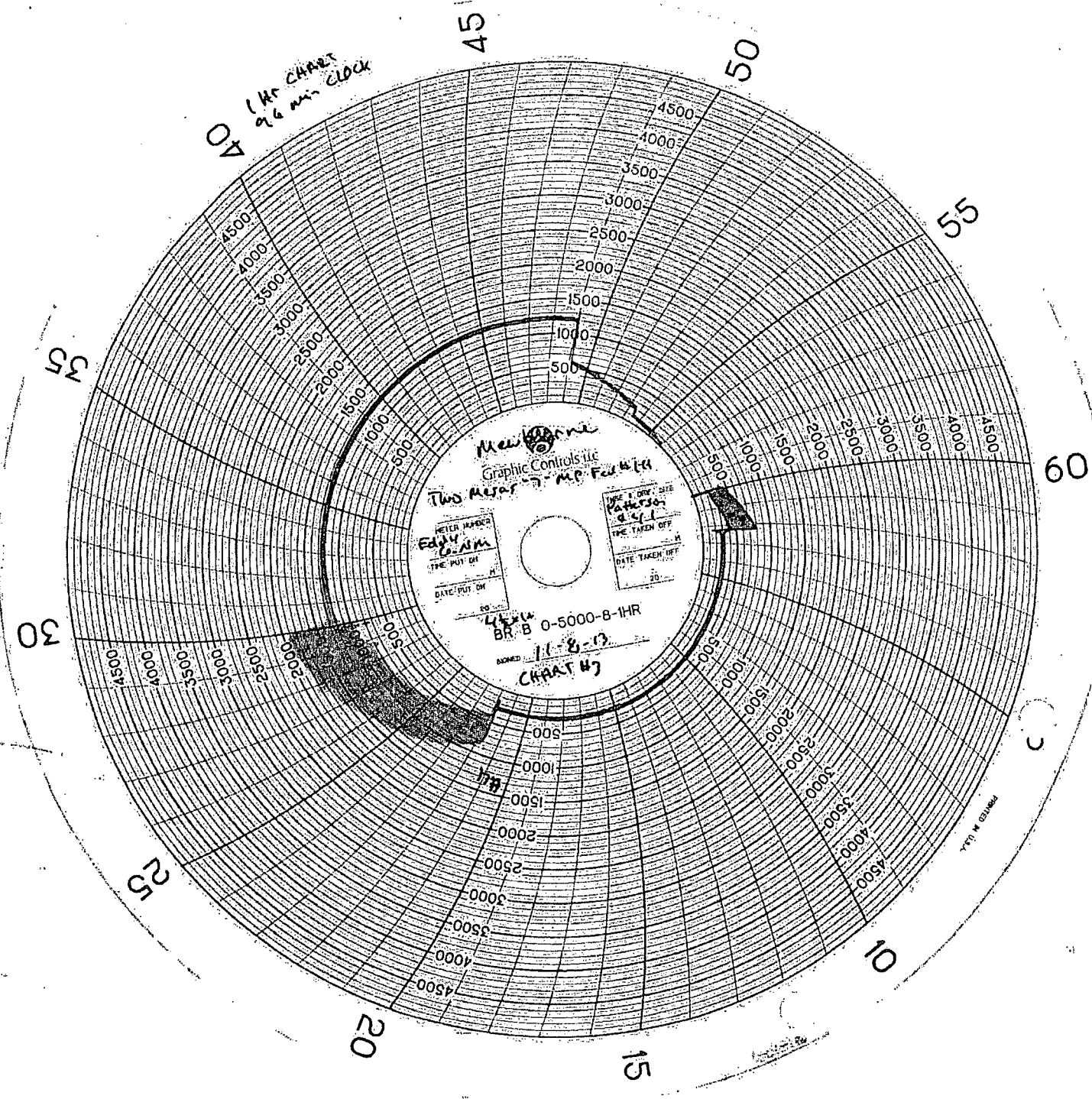


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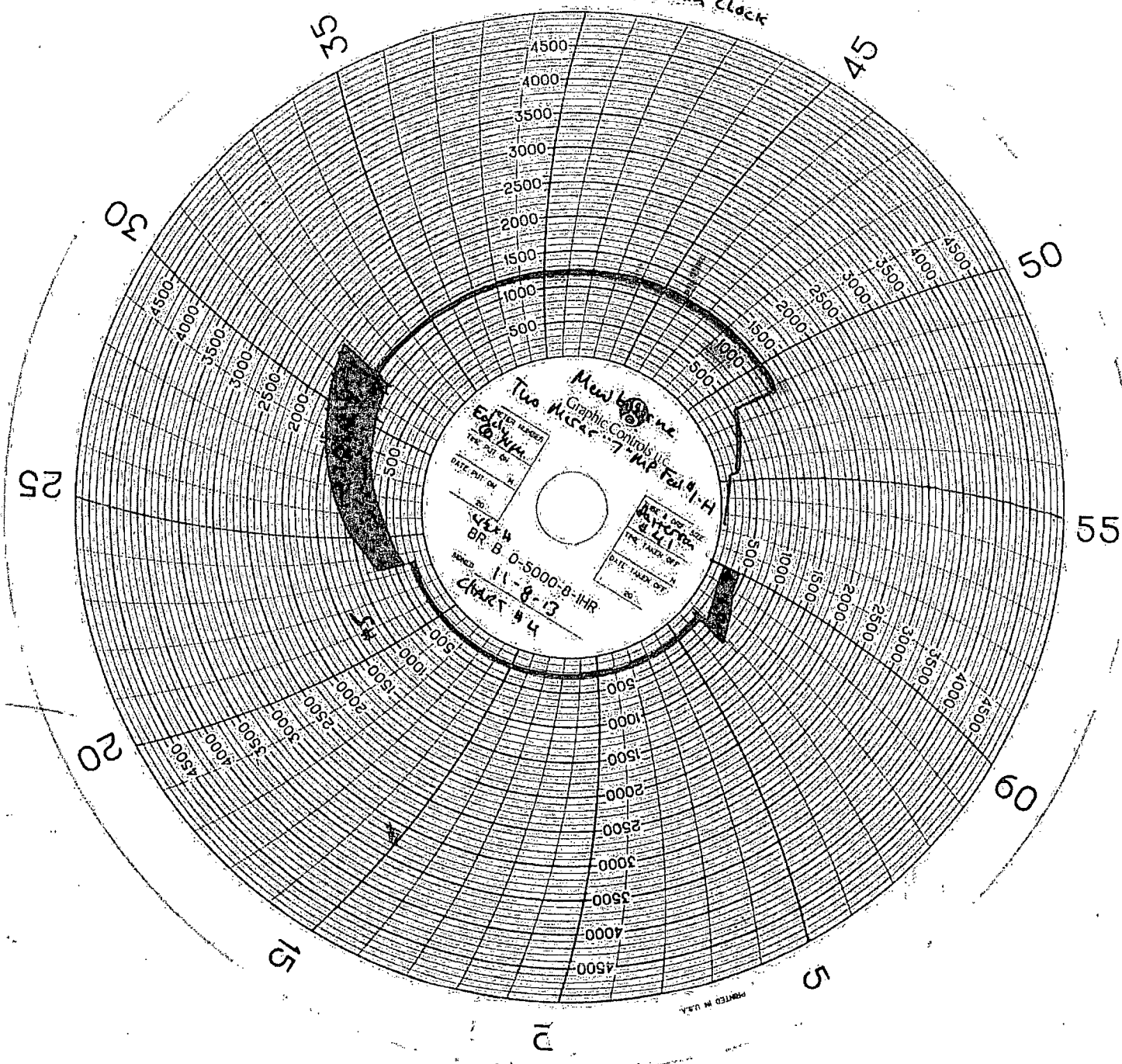
1 Hr CHART
96 min/clock



1 Hr chart
96 min clock



1. H. CHART
96 mm clock



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1 HR CHART
9.6 MIN CLOCK

45

50

55

60

5

10

15

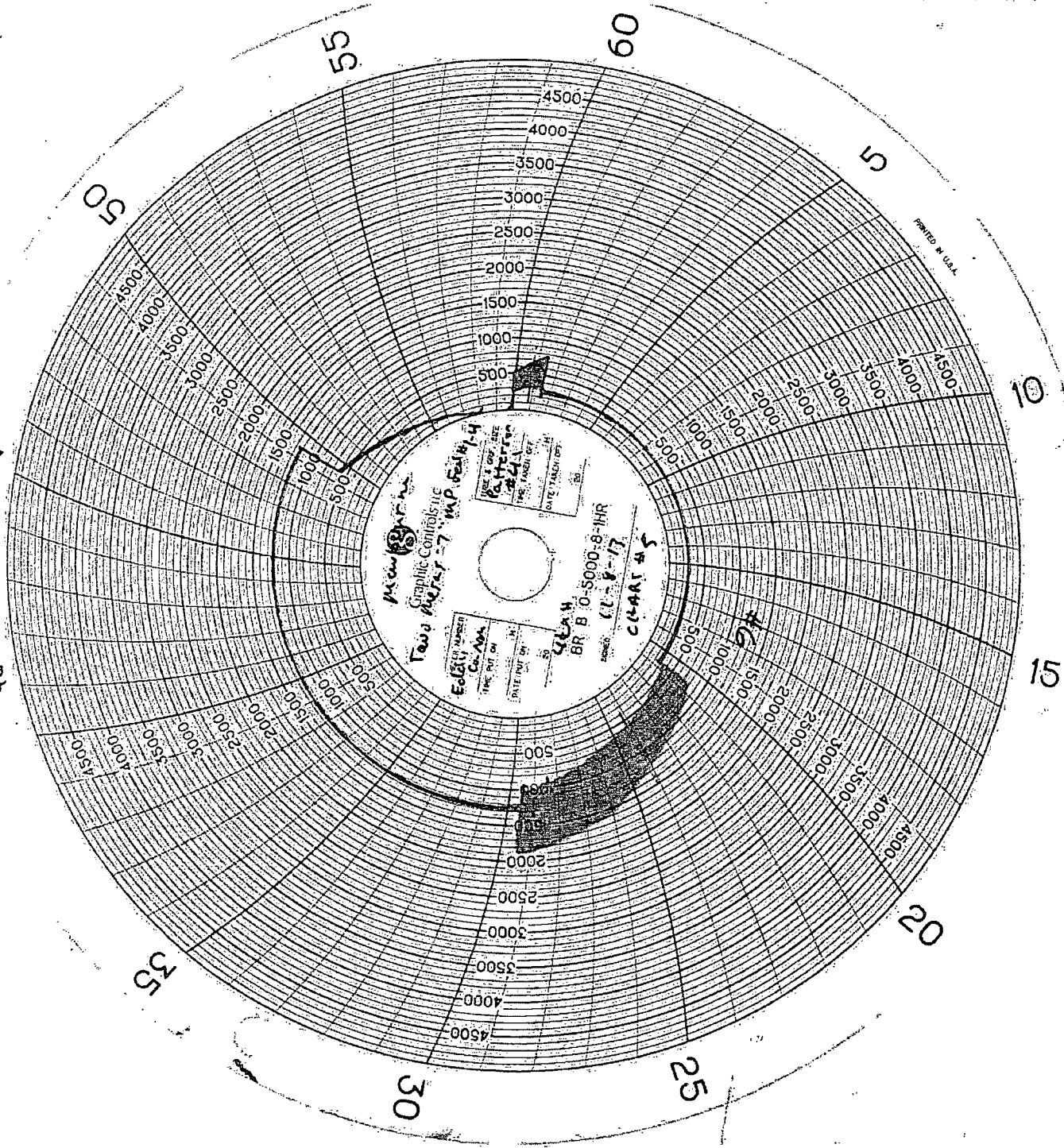
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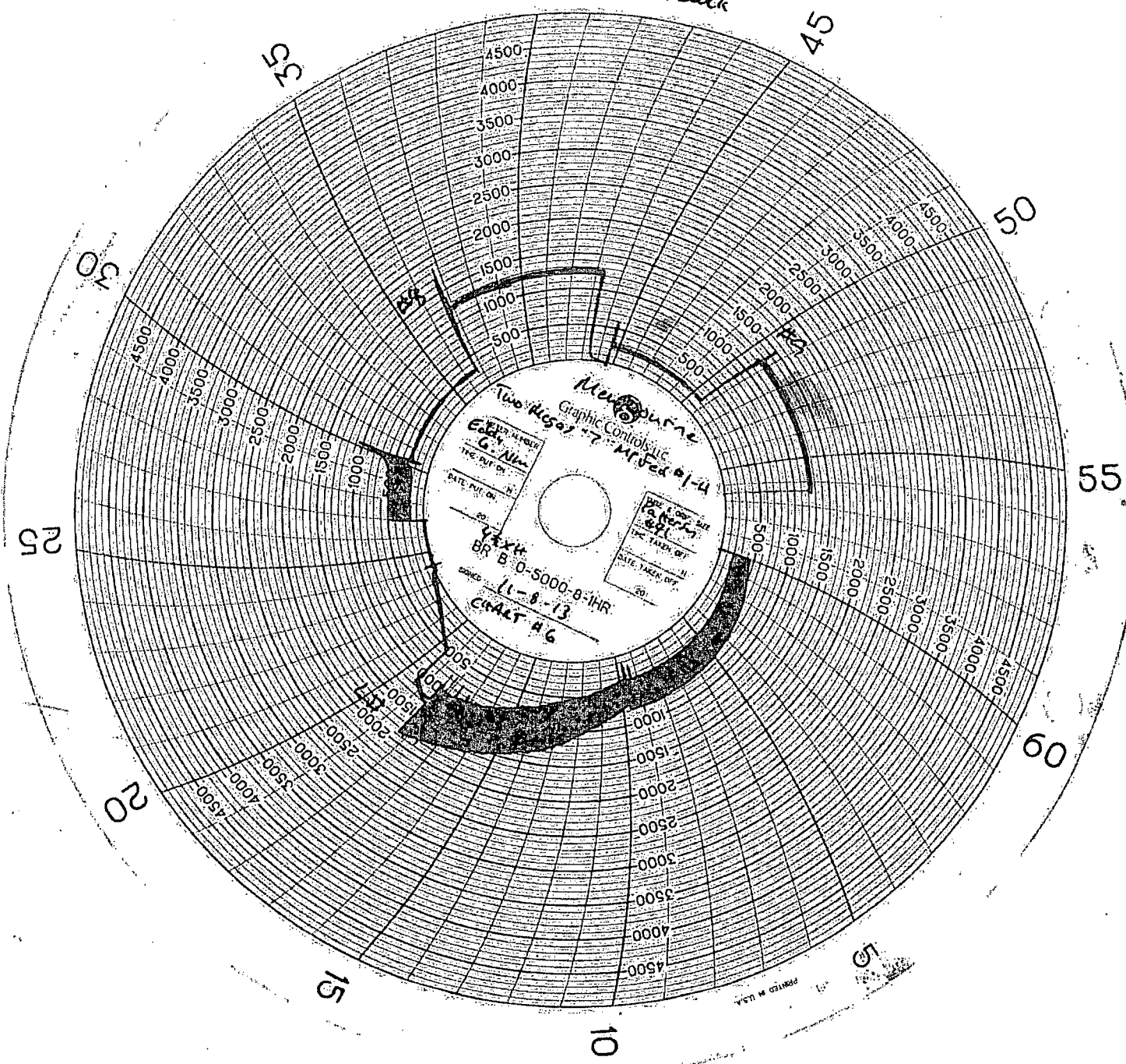
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1 Hr Chart
of 6 min clock



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1 hr CHART
96 min clock

