

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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|---|--|---|
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | | WELL API NO. 30-015-41729 |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | | 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 2. Name of Operator Mewbourne Oil Company | | 6. State Oil & Gas Lease No. |
| 3. Address of Operator PO Box 5270, Hobbs, NM 88241 | | 7. Lease Name or Unit Agreement Name Salt Draw 2 CN Fee |
| 4. Well Location Unit Letter C _____: 150 _____ feet from the North _____ line and 1670 _____ feet from the West _____ line Section 2 _____ Township 25S _____ Range 28E _____ NMPM Eddy County | | 8. Well Number 2H |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2971' | | 9. OGRID Number 14744 |
| | | 10. Pool name or Wildcat WC; Salt Draw; Wolfcamp (Gas) 97721 |

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

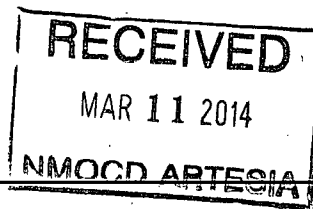
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|---|--|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | P AND A <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input checked="" type="checkbox"/> | |
| DOWNHOLE COMMINGLE <input type="checkbox"/> | | | |
| OTHER: <input type="checkbox"/> | | OTHER: <input type="checkbox"/> | |

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

01/16/14...TD 8 3/4" hole at 10840'. Ran 10785' of 7" 26# P110 BT&C csg. Cemented with 700 sks Class "H" (50:50:10) w/additives. Mixed @ 11.9 #/g w/ 2.38 yd. Tail with 300 sks Class "H" w/additives. Mixed @ 15.6 #/g w/ 1.18 yd. Plug down @ 4:00 P.M.
01/16/14. Did not circ cmt to the pit. Lift pressure @ 2385# @ 3 BPM. Tested csg to 7500#. Ran temp survey indicating TOC @ 1000'. Set wellhead slips w/200k. Tested csg spool pack-off to 1500#. Tested BOPE & mud lines back to pumps to 5000#. Tested Annular to 2500#. At 9:30 P.M. 01/18/14, tested csg to 1500# for 30 minutes, held OK.

Spud Date: 12/31/2013

Rig Release Date:



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Jackie Lathan TITLE Hobbs Regulatory DATE 02/06/14

Type or print name Jackie Lathan E-mail address: jlathan@mewbourne.com PHONE: 575-393-5905

For State Use Only

APPROVED BY: RDade TITLE Dist Supervisor DATE 3/14/14

Conditions of Approval (if any):