Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District 1</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18; 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		WELL API NO. 30-015-40921
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE STEE
District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		VA-2779 & VB-2194
	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROP	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
DIFFERENT RESERVOIR. USE "APPL PROPOSALS.)	ICATION FOR PERMIT" (FORM C-101) FOR SUCH	Black Lake 5 OB State Com
I. Type of Well: Oil Well	Gas Well Other	8. Well Number 1H
2. Name of Operator		9. OGRID Number 14744
Mewbourne Oil Company		
3. Address of Operator		10. Pool name or Wildcat
PO Box 5270, Hobbs NM 88241		Willow Lake; Bone Spring 64450
4. Well Location		
Unit Letter _O	_:250feet from theSouth line and _1980	
Section 5	Township 25S Range 28E	NMPM Eddy County
	11. Elevation (Show whether DR, RKB, RT, GR, etc. 2968' GL	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF I	NTENTION TO: SUE	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	·	
TEMPORARILY ABANDON	· · · · · · · · · · · · · · · · · · ·	RILLING OPNS. P AND A
PULL OR ALTER CASING		IT JOB
DOWNHOLE COMMINGLE	·	•
CLOSED-LOOP SYSTEM OTHER:		w/tubing sundry ⊠
	pleted operations. (Clearly state all pertinent details, an	, , , , , , , , , , , , , , , , , , ,
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or re	completion.	
		•
08/15/14 RIH w/2 1/8" 6.5# L80 tul	bing and GLV's to 8069'.	1
		ANA OU OCHOEDVATION
		NM OIL CONSERVATION ARTESIA DISTRICT
		•
		AUG 1 9 2014
Spud Date: 06/21/14	Rig Release Date: 07/12/14	
		RECEIVED
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE TITLE Regulatory DATE 08/18/14		
Type or print name Yackie Lathan E-mail address: _jlathan@mewbourne.com PHONE: _575-393-5905		
For State Use Only		
APPROVED BY: OVO	TITLE De STASSERISE	1 DATE 8-21-/
Conditions of Approval (if any):		