

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

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		7. If Unit or CA/Agreement, Name and/or No.
2. Name of Operator MEWBOURNE OIL COMPANY		8. Well Name and No. RUGER 31 LI FED 1H
Contact: JACKIE LATHAN E-Mail: jlathan@mewbourne.com		9. API Well No. 30-015-41679
3a. Address PO BOX 5270 HOBBS, NM 88241	3b. Phone No. (include area code) Ph: 575-393-5905	10. Field and Pool, or Exploratory BONE SPRING
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 31 T19S R29E Mer NMP NWSW 1950FSL 50FWL		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.)

07/01/14 TD 17 1/2" hole @ 1320'. Ran 1320' of 13 3/8" 48# H40 ST&C csg. Cmt w/800 sks of Class C w/additives. Mixed @ 13.5#/g w/1.75 yd. Tail w/200 sks Class C w/1% CaCl₂. Mixed @ 14.8#/g w/1.34 yd. Plug down @ 12:30 A.M. 07/02/14. Circ 75 sks of cmt to the pit. At 11:00 P.M. 07/02/14, tested csg & BOPE to 1250# for 30 mins, held OK. Drilled out with 12 1/4" bit.

Chart & Schematic attached.

Bond on file: NM1693 nationwide & NMB000919

NM OIL CONSERVATION
ARTESIA DISTRICT

DEC 03 2014

RECEIVED

JED 12/19/14
Accepted for record
NMOCD

14. I hereby certify that the foregoing is true and correct.		Electronic Submission #255018 verified by the BLM Well Information System For MEWBOURNE OIL COMPANY, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH HAM on 11/24/2014 ()	
Name (Printed/Typed) JACKIE LATHAN	Title AUTHORIZED REPRESENTATIVE	ACCEPTED FOR RECORD	
Signature (Electronic Submission)	Date 07/29/2014		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE			
Approved By _____		Title _____	
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.		BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE	

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

MAN WELDING SERVICES, INC

Company Mindorum Date 4/3/11
Lease Roger 3111 Fuel #114 County FLORIDA
Drilling Contractor Phyllis CO Plug & Drill Pipe Size 4 1/2" x 11'
Accumulator Pressure: 3000 psi Manifold Pressure: 1500 psi Annular Pressure: 1200 psi

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.
 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** 1100 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** 200 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** 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. _____ of _____

The diagram illustrates a wellhead and BOP assembly with the following components labeled:

- Annular #15**: The top-most BOP element.
- Pipe Rams #12**: The second BOP element from the top.
- Blind Rams #13**: The third BOP element from the top.
- Pipe Rams #14**: The fourth BOP element from the top.
- Casing**: The base of the wellhead assembly.
- IBOP #17**: Inflow BOP, located on the left side.
- Manual IBOP #16**: Manual Inflow BOP, located on the left side.
- Super Choke #25**: Located at the bottom center of the wellhead.
- Mud Gauge Valve #8B**: Located on the right side of the wellhead.
- Pump Valve #20** and **Pump Valve #21**: Located at the bottom right of the wellhead.
- Stand Pipe Valve #24**: Located on the right side of the wellhead.
- TIW Valve #18**: Tool Joint Valve, located on the right side of the wellhead.
- Dart Valve #19**: Located at the top right of the wellhead.

[illegible]









