

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.

5. Lease Serial No.
NMLC066087

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

8. Well Name and No.
ZIRCON 12-7 B2JK FEDERAL COM 1H

9. API Well No.
30-015-42713

10. Field and Pool, or Exploratory
BONE SPRING

11. County or Parish, and State
EDDY COUNTY, NM

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
MEWBOURNE OIL COMPANY
Contact: JACKIE LATHAN
E-Mail: jlathan@mewbourne.com

3a. Address
PO BOX 5270
HOBBS, NM 88241
3b. Phone No. (include area code)
Ph: 575-393-5905

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 12 T19S R29E NESW 2585FSL 2055FWL

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 Well Spud
	<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 recomplete 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 recompletion 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.)

11/02/14 Spud 17 1/2". Ran 362' of 13 3/8" 48# H40 ST&C csg. Cemented with 180 sks Class C w/additives. Mixed @ 14.4 #/g w/1.61 yd. Followed w/400 sks Class C w/additives. Mixed @ 14.8#/g w/1.61 yd. Followed w/400 sks Class C w/2% CaCl2. Mixed @ 14.8#/g w/1.34 yd. Plug down @ 9:30 P.M.
11/02/14. Did not circ cmt. Lift pressure 70# @ 3 BPM. Ran temp survey indicating TOC @ 165'. RIH w/1" pipe & tag @ 218'. Cmt in 5 stages w/315 sks Class C w/6% CaCl2. Circulated 10 sks of cmt to the pit. Tested wellhead to 1200#. At 1:45 PM 11/04/2014, tested csg & BOPE to 1250# for 30 mins, held OK. Drilled out with 12 1/4" bit.

Copy of chart & schematic attached.

Copy of temperature survey attached.

Accepted for record
RD NMOCD 5/28/15

NM OIL CONSERVATION
ARTESIA DISTRICT
MAY 18 2015
RECEIVED

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #279893 verified by the BLM Well Information System
For MEWBOURNE OIL COMPANY, sent to the Carlsbad
Committed to AFMSS for processing by DEBORAH HAM on 05/01/2015

Name (Printed/Typed) JACKIE LATHAN

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 11/17/2014

ACCEPTED FOR RECORD
MAY - 8 2015
D. Ham
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

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.

Additional data for EC transaction #279893 that would not fit on the form

32. Additional remarks, continued

Bond on file: NM1693-nationwide & NMB000919



PO Box 7
Lovington, NM 88260
(575) 224-2345 (575) 942-9472

Company _____ Date _____

Lease # _____ County _____

Drilling Contractor _____ Plug & Drill Pipe Size _____

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 _____ 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 _____ 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 _____ . 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)

SCARBROUGH, INC.

816 W. BYERS • P.O. BOX 1588
HOBBS, NEW MEXICO 88241
(575) 397-1312

Zircon 12/7
B's JK Fed
Com #14

ACCUMULATOR INSPECTION

COMPANY AND RIG Patterson / UT 2 Rig # 75

DESCRIPTION Kamry unit 7-Station 20-119a1 Bottles

ACCUMULATOR PRECHARGE 1000 PSI

ACCUMULATOR OPERATING PRESSURE 3000 PSI

MANIFOLD REGULATED OPERATING PRESSURE 1650 PSI

ANNULAR REGULATED PRESSURE 1450 PSI

ELECTRIC PUMP PRESSURE SWITCH SETTINGS 0-3m PSI,
AUTO OFF 3000 PSI AND AUTO ON 2450 PSI

LEAK CHECK (INTERNAL/RESERVOIR); (EXTERNAL)

STORAGE PRESSURE GALLONS (IN BOTTLES) 110

TANK GALLONS TOTAL 128 x 14" x 36" = 64,512 ÷ 231 = 279.27

TOTAL TIME TO RE-CHARGE SYSTEM 7 mins 23 sec

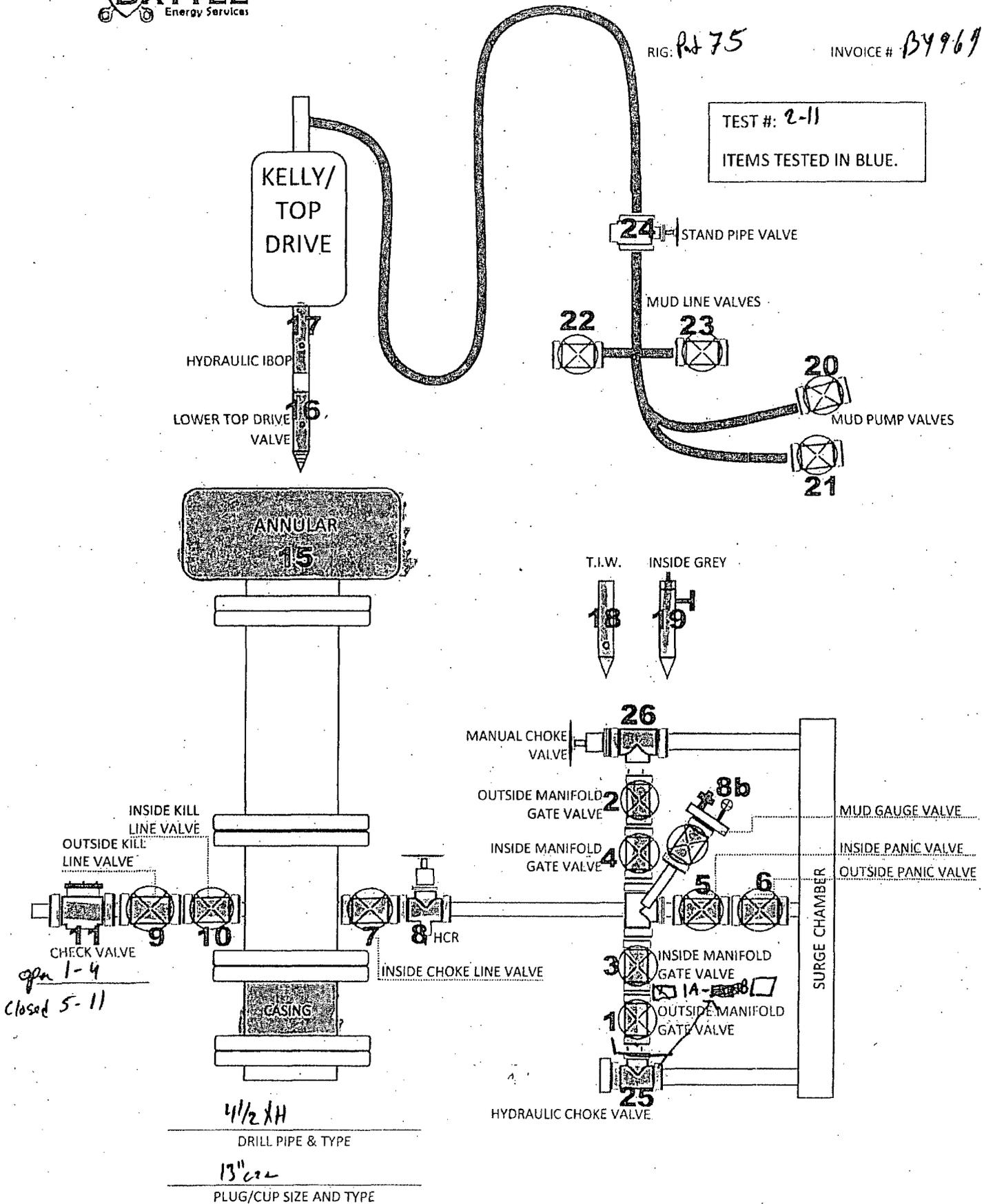
NOTES Filled all bottles to 1000 psi (w/ nitrogen, adjusted electric pressure switch & re-set bottle rack pop-off valve.

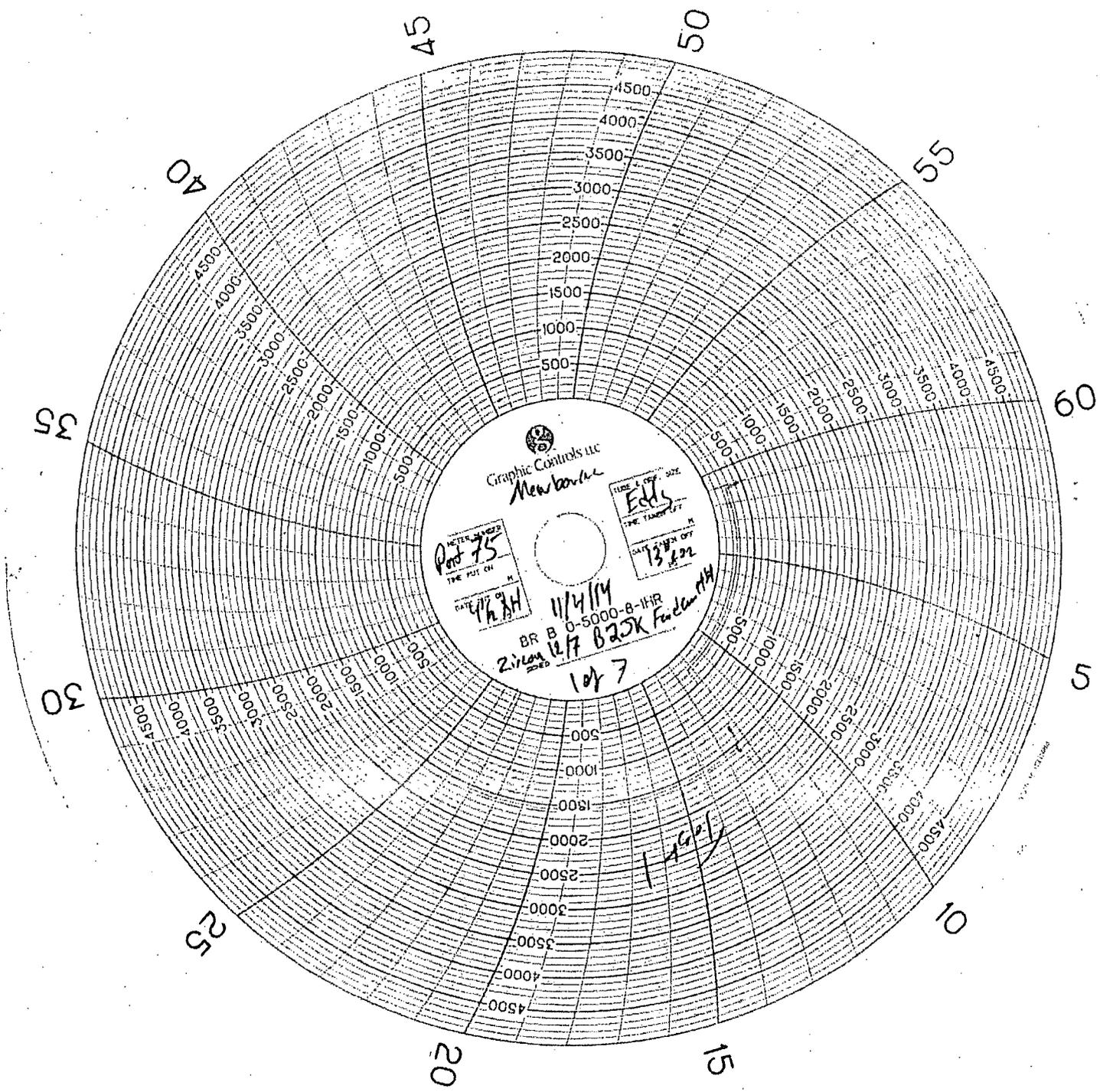
All Systems operating Normal!

1000 900 70 1000	1000	1000	1000 900 70 1000	1000 850 70 1000	1000	1000	1000	1000
200 70 1000	1000 900 70 1000	1000	1000	1000	1000	1000	1000	1000 750 70 1000

DATE 11-5-14 INSPECTED BY N Henry

TEST #: 2-11
ITEMS TESTED IN BLUE.





Graphic Controls Inc
New York

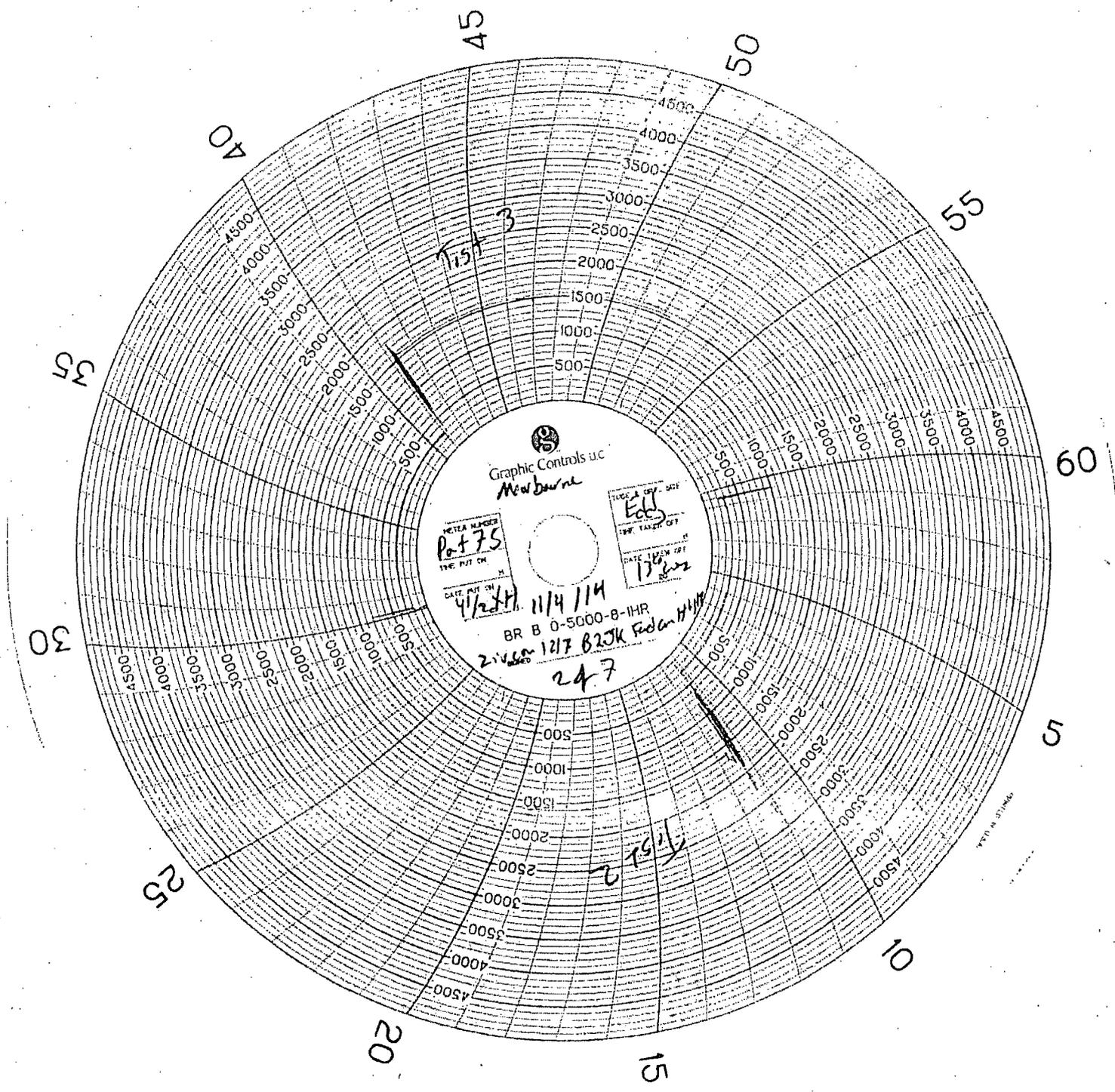
METER RANGE
0-75
PSI OFF

DATE
4/12/14

11/4/14
BR B 0-5000-8-1HR
Zircon 127 B25K Fudon MH
lot 7

1-1000

1/11/14



Graphic Controls Inc
Newburn

METER NUMBER
P-475
TYPE PUT ON

LOGS & OPER. USE
Eddy
TYPE TARGET OFF
DATE TAKEN OFF
17/2/22

DATE PUT ON
4/2/14 **11/4/14**

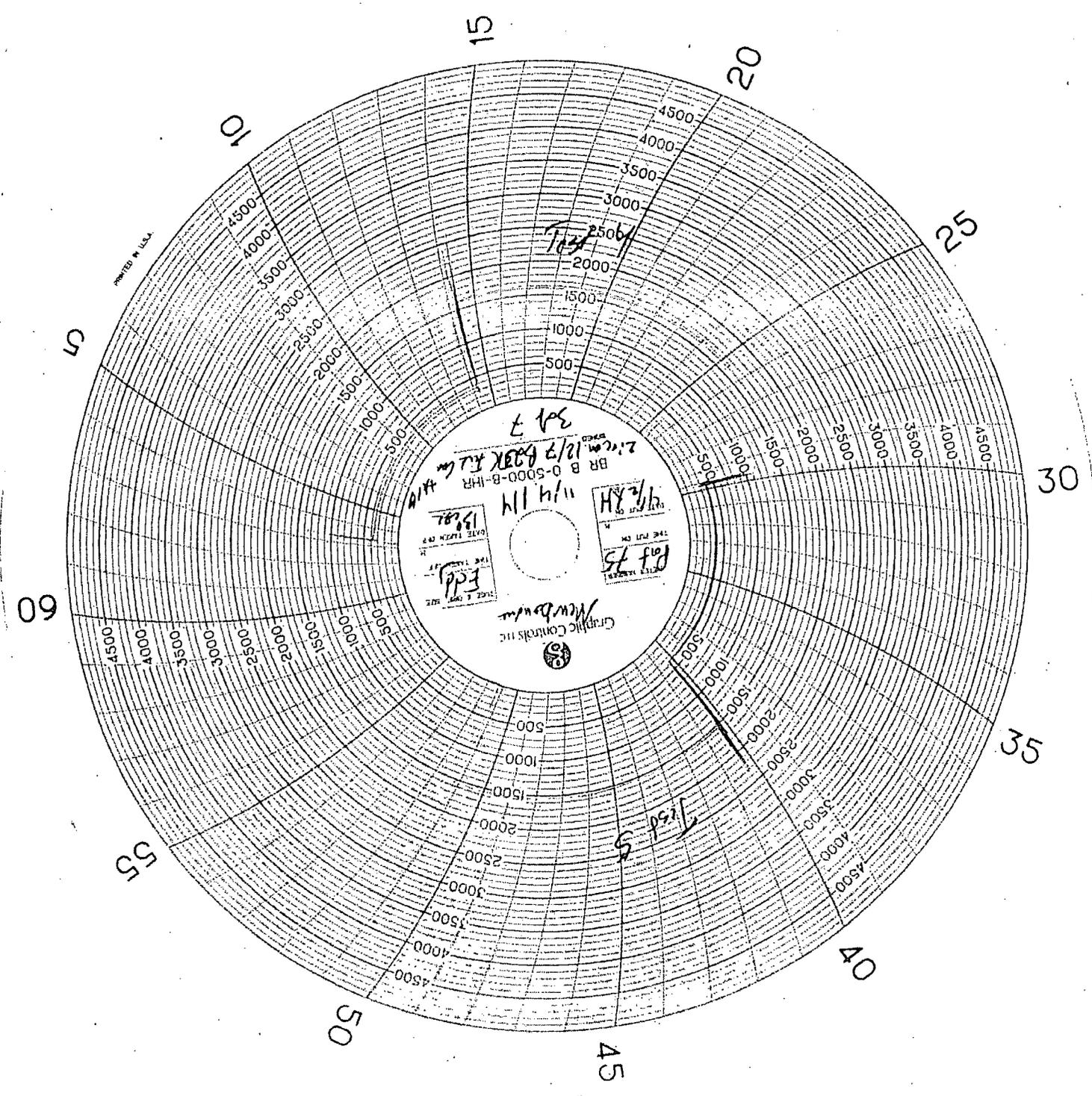
BR B 0-5000-8-1HR

21/2/20 **12/7** **B2JK** **Fedon** **H/HR**

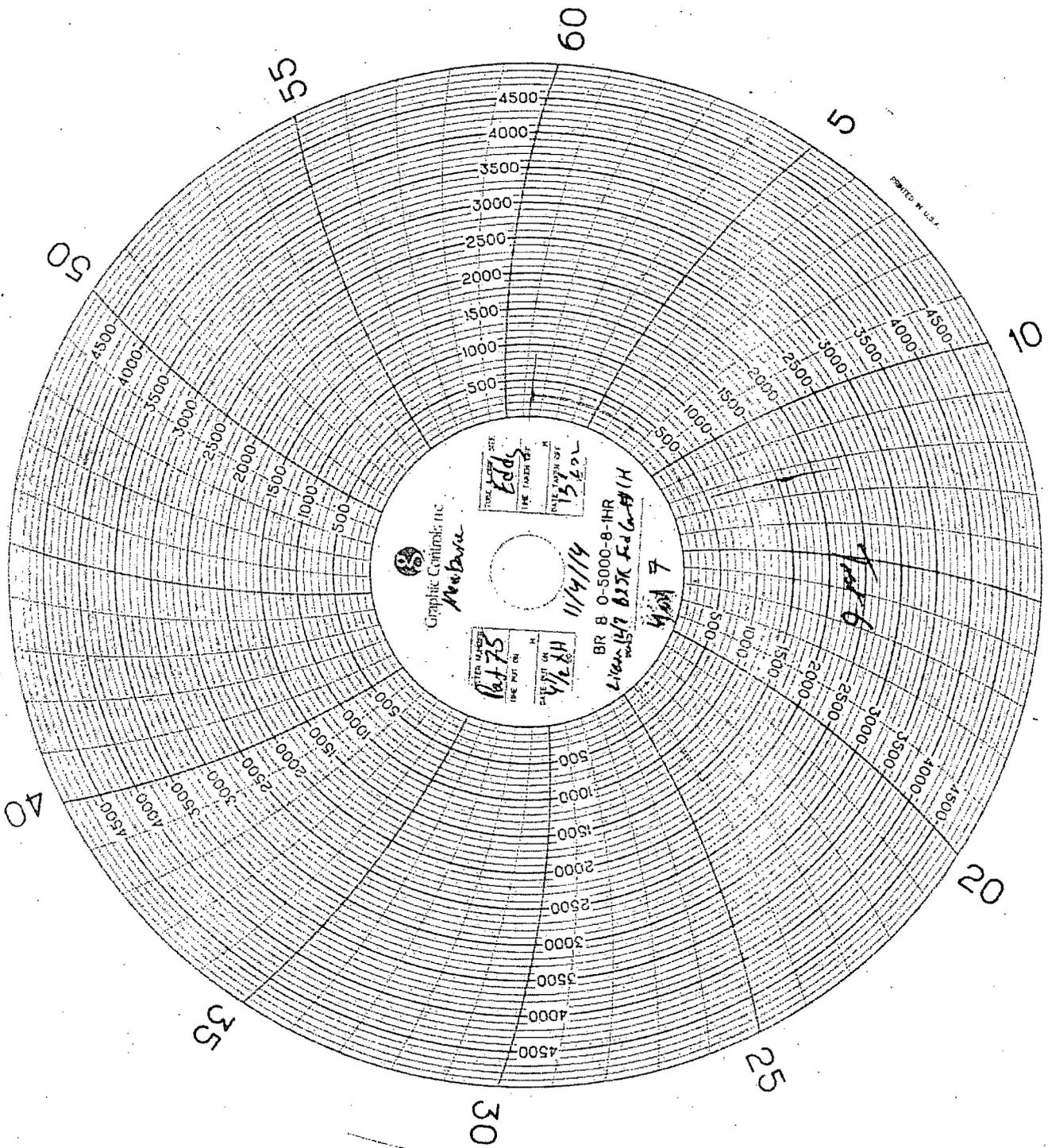
247

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Graphic Controls, Inc.
Need-Done

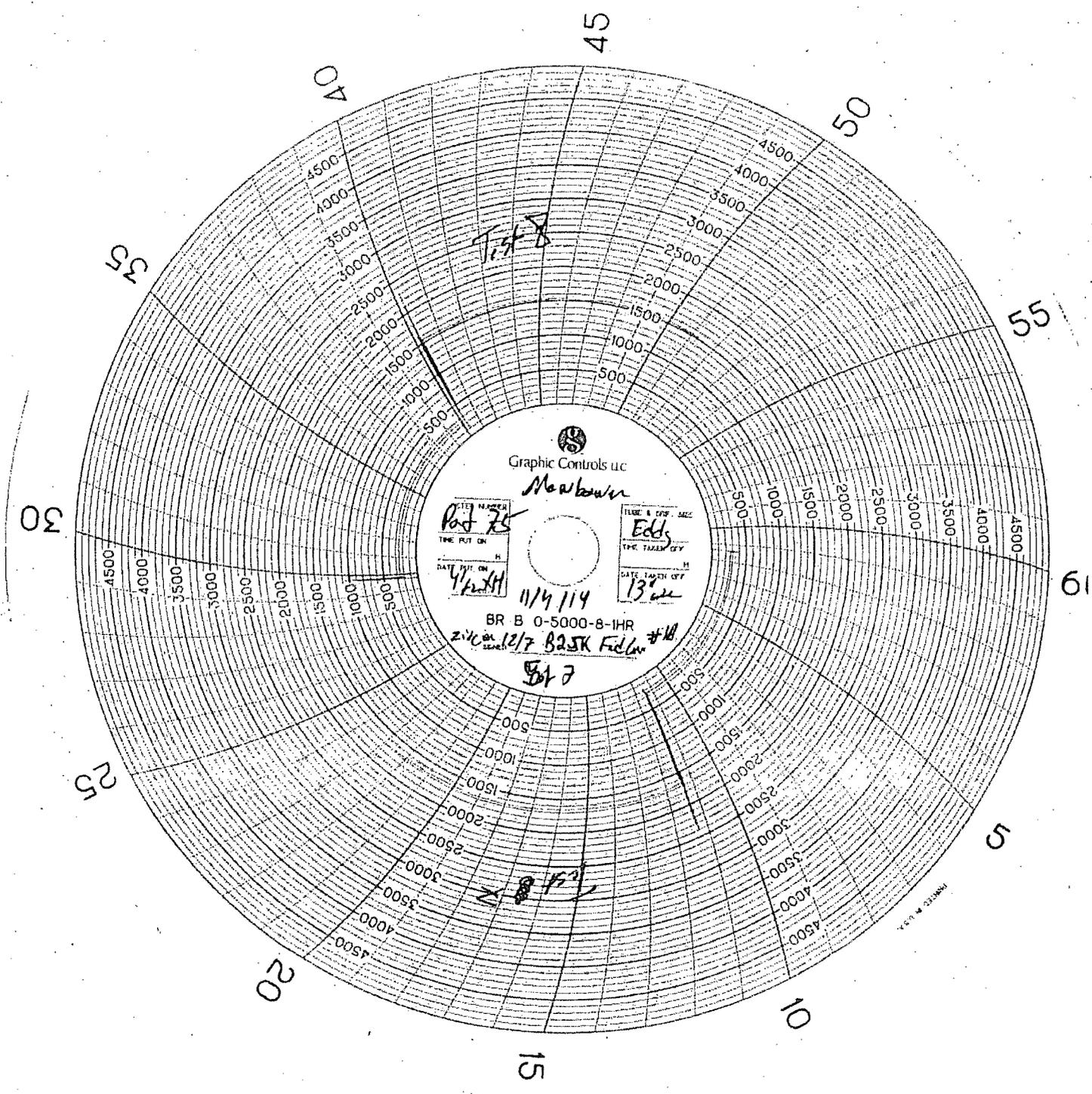
ITEM NAME: **Eds**
 DATE PUT ON: **11/4/14**
 THE PART ON: **151 PL**

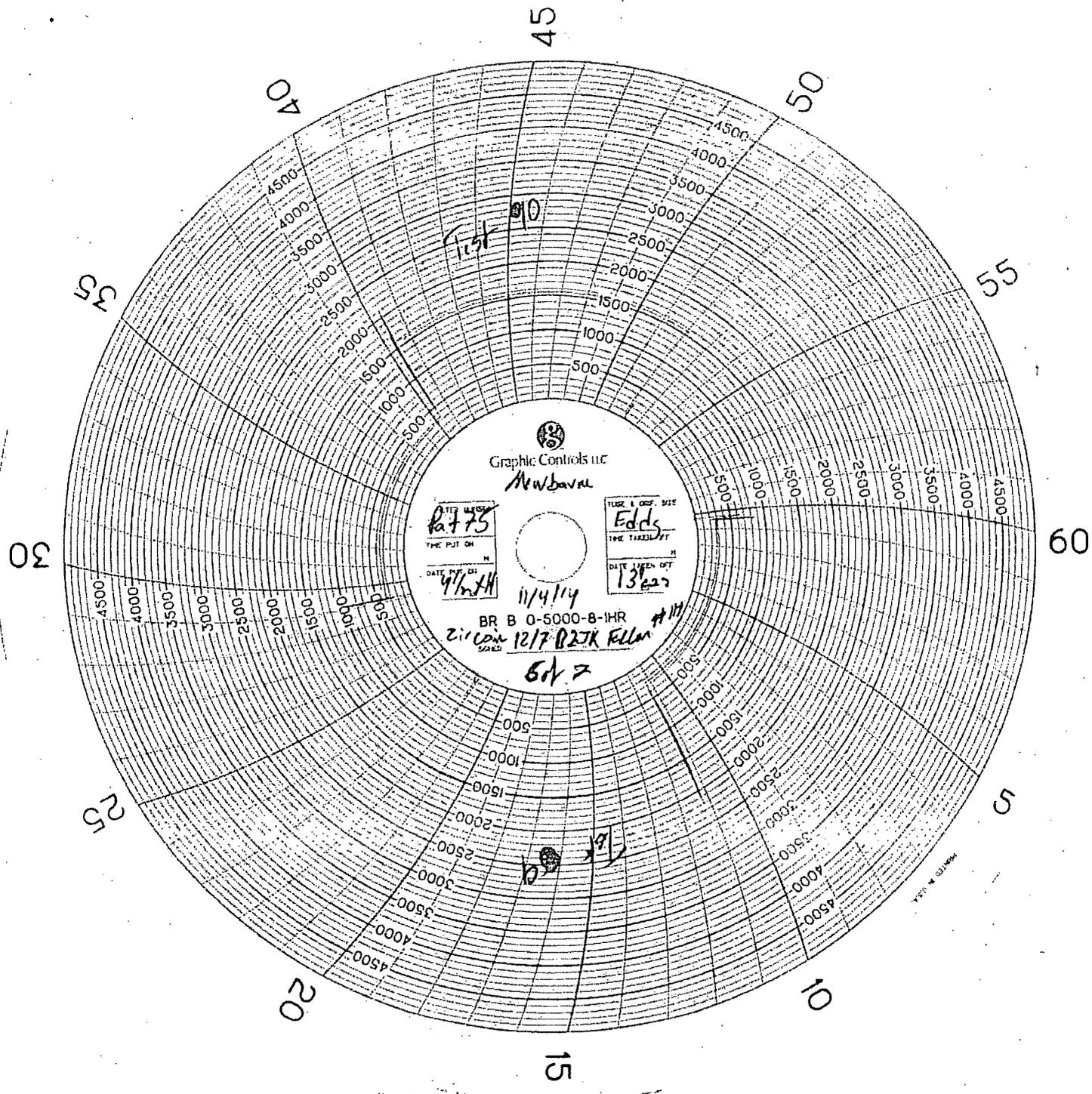
ITEM NAME: **Pat 75**
 DATE PUT ON: **4/1/81**
 THE PART ON: **11/4/14**

BR 8 0-5000-8-IHR
 21000 11/4 11/4 11/4

4/2017

11/4





Graphic Controls Inc
Newbury

PAT 73

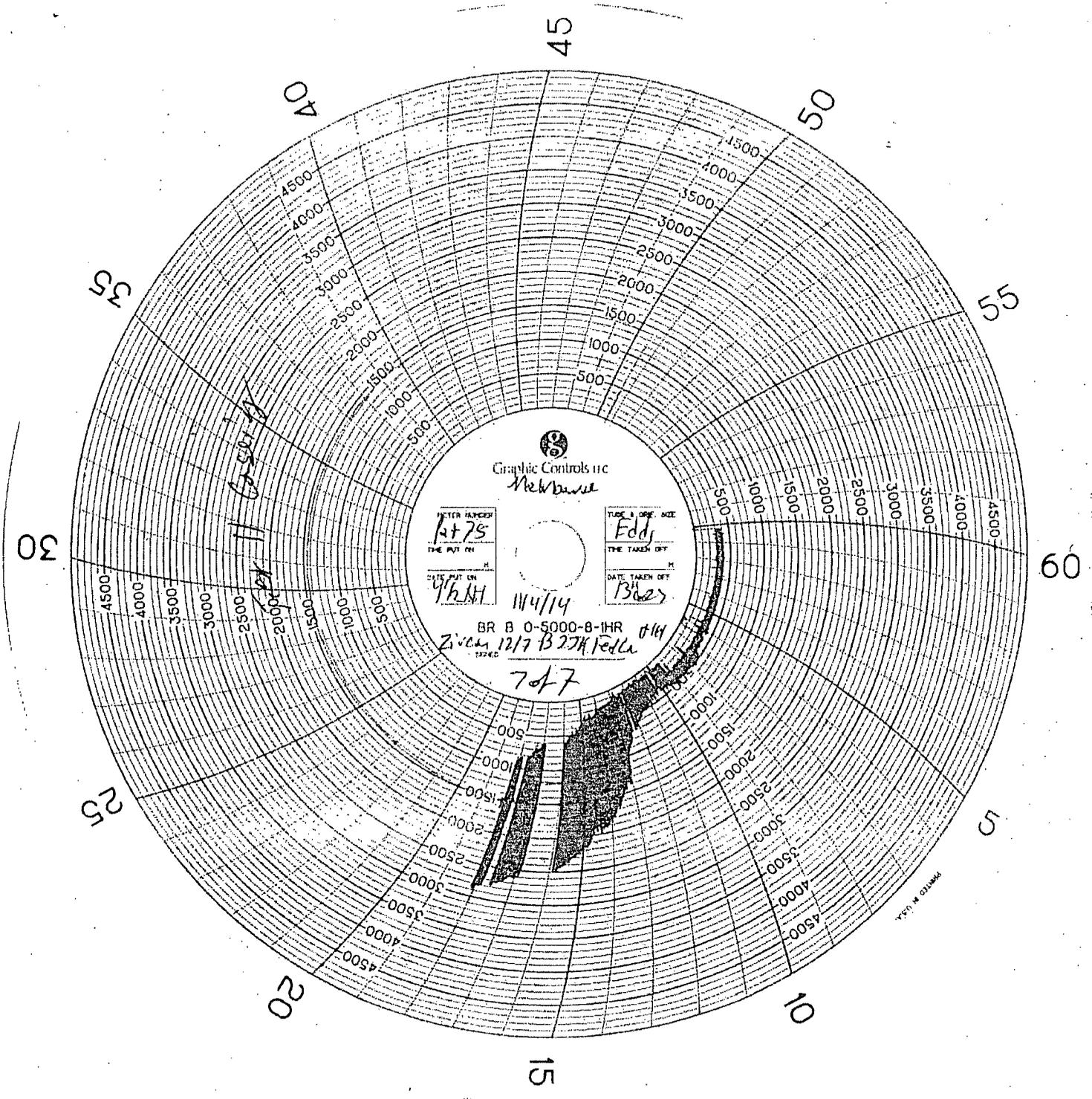
EDDY

DATE WHEN PUT ON
9/12/14

DATE WHEN OFF
11/4/14

BR B 0-5000-8-IHR
Zircon 12/7-027K filler #111

5/17



MADE IN U.S.A.