

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 S. First St., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources

Form C-104  
Revised August 1, 2011

Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Submit one copy to appropriate District Office

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address Mewbourne Oil Company PO Box 5270 Hobbs, NM 88240		<sup>2</sup> OGRID Number 14744
		<sup>3</sup> Reason for Filing Code/ Effective Date New Well / 06/27/15
<sup>4</sup> API Number 30 - 015-42708	<sup>5</sup> Pool Name Forty Niner Ridge Bone Spring	<sup>6</sup> Pool Code 24720
<sup>7</sup> Property Code 35090	<sup>8</sup> Property Name Forty Niner Ridge Unit	<sup>9</sup> Well Number 103H

II. <sup>10</sup> Surface Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
O	22	23S	30E		630'	South	1584	East	Eddy

<sup>11</sup> Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
B	15	23S	30E		1219'	North	1946'	East	Eddy
<sup>12</sup> Lse Code F	<sup>13</sup> Producing Method Code Flowing	<sup>14</sup> Gas Connection Date NA	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
34053	Plains Marketing 3514 Lovington Hwy Hobbs, NM 88240	O
36785	DCP Midstream PO Box 50020 Midland, TX 79710	G

IV. Well Completion Data We are asking for an exemption from tubing at this time.

<sup>21</sup> Spud Date 01/11/15	<sup>22</sup> Ready Date 06/27/15	<sup>23</sup> TD 18336' / 9758	<sup>24</sup> PBT 18330'	<sup>25</sup> Perforations 10066' - 18325'	<sup>26</sup> DHC, MC
<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement		
17 1/2"	13 3/8"	447'	630		
12 1/4"	9 5/8"	3700'	950		
8 3/4"	7"	10036'	700		
6 1/8"	4 1/2" Liner	9037' - 18336'	2700'		

V. Well Test Data

<sup>31</sup> Date New Oil 06/27/15	<sup>32</sup> Gas Delivery Date 06/27/15	<sup>33</sup> Test Date 07/07/15	<sup>34</sup> Test Length 24 hrs	<sup>35</sup> Tbg. Pressure NA	<sup>36</sup> Csg. Pressure 770
<sup>37</sup> Choke Size 48/64"	<sup>38</sup> Oil 634	<sup>39</sup> Water 2422	<sup>40</sup> Gas 1483		<sup>41</sup> Test Method Production

<sup>42</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature:

*Jackie Lathan*

Printed name:

Jackie Lathan

Title:

Regulatory

E-mail Address:

jlathan@mewbourne.com

Date:

07/06/15

Phone:

575-393-5905

OIL CONSERVATION DIVISION

Approved by:

*R. Wade*

Title:

*DIST. II. Supervisor*

Approval Date:

7-23-2015

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM 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.  
NMNM0543748

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.**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.  
FORTY NINER RIDGE UNIT 103H2. Name of Operator  
MEWBOURNE OIL COMPANYContact: JACKIE LATHAN  
E-Mail: jlathan@mewbourne.com9. API Well No.  
30-015-427083a. Address  
PO BOX 5270  
HOBBS, NM 882413b. Phone No. (include area code)  
Ph: 575-393-590510. Field and Pool, or Exploratory  
BONE SPRING

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 22 T23S R30E Mer NMP SWSE 630FSL 1584FEL

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	
	<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.)

06/17/15 Frac 2nd Bone Spring from 10066' MD (9786' TVD) to 18325' MD (9758' TVD) Frac in 27 stages w/59,228 gals acid, 9,394,350 gals slickwater carrying 7,025,185# 100 Mesh, 3,517,705# white sand & 647,140# 30/50 Oil Plus.

Flowback well for cleanup.

We are asking for an exemption from tubing at this time.

**NM OIL CONSERVATION**  
ARTESIA DISTRICT

Bond on file: NM1693 nationwide &amp; NMB000919

JUL 14 2015

Bond on file: 22015694 nationwide &amp; 022041703 Statewide

APD 7/20/15  
Accepted for record  
RECEIVED

RECEIVED

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

**Electronic Submission #308755 verified by the BLM Well Information System  
For MEWBOURNE OIL COMPANY, sent to the Carlsbad**

Name (Printed/Typed) JACKIE LATHAN

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 07/10/2015

**THIS SPACE FOR FEDERAL OR STATE OFFICE**

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

Pending BLM approvals will  
subsequently be reviewed  
and scannedTitle 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and  
States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

to make to any department or agency of the United

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

**NM OIL CONSERVATION**  
ARTESIA DISTRICT

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

RECEIVED

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other		5. Lease Serial No. NMNM0543748	
b. Type of Completion <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr. Other _____		6. If Indian, Allottee or Tribe Name	
2. Name of Operator MEWBOURNE OIL COMPANY		7. Unit or CA Agreement Name and No.	
Contact: JACKIE LATHAN E-Mail: jlathan@mewbourne.com		8. Lease Name and Well No. FORTY NINER RIDGE UNIT 103H	
3. Address PO BOX 5270 HOBBS, NM 88241		9. API Well No. 30-015-42708	
3a. Phone No. (include area code) Ph: 575-393-5905		10. Field and Pool, or Exploratory BONE SPRING	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface SWSE 630FSL 1584FEL Sec 22 T23S R30E Mer NMP At top prod interval reported below SWSE 1110FSL 1666FEL Sec 22 T23S R30E Mer NMP At total depth NWNE 1219FNL 1946FEL Sec 15 T23S R30E Mer NMP		11. Sec., T., R., M., or Block and Survey or Area Sec 22 T23S R30E Mer NMP	
14. Date Spudded 01/11/2015		15. Date T.D. Reached 02/11/2015	
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 06/27/2015		17. Elevations (DF, KB, RT, GL)* 3261 GL	
18. Total Depth: MD 18336 TVD 9758		19. Plug Back T.D.: MD 18330 TVD 9758	
20. Depth Bridge Plug Set: MD TVD		21. Type Electric & Other Mechanical Logs Run (Submit copy of each) CNL, CCL, CBL & GR	
22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit analysis)			

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
12.250	9.625 J55	40.0	0	80	0	0	0	0	0
17.500	13.375 H40	48.0	0	447	0	630	159	0	0
8.750	7.000 HCP110	26.0	0	10036	0	700	349	130	0
12.250	9.625 J55	36.0	80	3070	0	0	0	0	0
12.250	9.625 J55	40.0	3070	3700	0	950	341	0	0
6.125	4.500 P110	13.5	9037	18336	0	2700	620	0	0

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	7630	18336	10066 TO 18325	0.420	1026	OPEN
B)						
C)						
D)						

26. Perforation Record

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
10066 TO 18325	59,228 GALS 15% ACID, 9,394,350 GALS SLICKWATER, CARRYING 7,025,185# 100 MESH SAND & 3,517,705#

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
06/27/2015	07/07/2015	24	→	634.0	1483.0	2422.0	39.5	0.77	FLOWS FROM WELL
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
48/64	SI	770.0	→	634	1483	2422	2339	POW	

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API
			→				
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio
	SI		→				

Pending BLM approvals will subsequently be reviewed and scanned

(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #308761 VERIFIED BY THE BLM WELL INFORMATION SYSTEM.

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

## 28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

## 28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

29. Disposition of Gas(Sold, used for fuel, vented, etc.)  
SOLD

## 30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

## 31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth
DELAWARE BONE SPRING	3515 7630	3750 18336	OIL, WATER, GAS OIL, WATER, GAS	RUSTLER T. SALT DELAWARE BONE SPRING	460 750 3750 7630

32. Additional remarks (include plugging procedure):  
Logs will be sent by mail.

## 33. Circle enclosed attachments:

- |   |                    |               |                       |
|---|--------------------|---------------|-----------------------|
| 1. Electrical/Mechanical Logs (1 full set req'd.)     | 2. Geologic Report | 3. DST Report | 4. Directional Survey |
| 5. Sundry Notice for plugging and cement verification | 6. Core Analysis   | 7. Other:     |                       |

## 34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions):

**Electronic Submission #308761 Verified by the BLM Well Information System.  
For MEWBOURNE OIL COMPANY, sent to the Carlsbad**

Name (please print) JACKIE LATHANTitle AUTHORIZED REPRESENTATIVE

Signature \_\_\_\_\_ (Electronic Submission)

Date 07/10/2015

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.

**\*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\***