

DEC 10 2015

ARTESIA DISTRICT

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-42695
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Speedwagon 27 W2DM Fee
8. Well Number 1H
9. OGRID Number 14744
10. Pool name or Wildcat Culebra Bluff, Wolfcamp 75750
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3034' GL

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.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other

2. Name of Operator

Mewbourne Oil Company

3. Address of Operator

PO Box 5270, Hobbs NM 88240

4. Well Location

Unit Letter D: 190 feet from the North line and 660 feet from the West lineSection 27 Township 23S Range 28E NMPM Eddy County

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐CHANGE PLANS ☐PULL OR ALTER CASING ☐MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐CLOSED-LOOP SYSTEM ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐P AND A ☐CASING/CEMENT JOB ☒OTHER: ☐

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.

11/08/15...MI & spud 17 1/2" hole. TD'd hole @ 465'. Ran 465' of 13 3/8" 54.5# J55 ST&C csg. Cemented with 500 sks Class C w/2% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Plug down @ 12:45 A.M. 11/08/15. Circ 168 sks cement to pit. WOC. At 3:00 A.M. 11/09/15, tested csg & BOPE to 1500# for 30 minutes, held OK. Drilled out with 12 1/4" bit.

Spud Date: 11/08/15

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 Regulatory DATE 11/24/15Type or print name Jackie Lathan E-mail address: jlathan@mewbourne.com PHONE: 575-393-5905**For State Use Only**APPROVED BY: [Signature] TITLE Dist. H. Supervisor DATE 12/10/15

Conditions of Approval (if any):