| Office | State of New Mex | | | Form C-103 |
|---|---|--------------------------|---|--------------------|
| <u>Distri≱1</u> − (57% 393-6161 | Energy, Minerals and Natur | ral Resources | | ised July 18, 2013 |
| 625 N. French Dr., Hobbs, NM 88240 | | WELL API NO. | | |
| <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | 30-015-42650 | |
| District III - (505) 334-6178 | 1220 South St. Francis Dr. | | 5. Indicate Type of Lease | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | Santa Fe, NM 87505 | | STATE | |
| <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM | Sunta 1 C, 14141 07. | 303 | 6. State Oil & Gas Lease N | 10. |
| 87505 | | | | |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | 7. Lease Name or Unit Agr | reement Name |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | Vicksburg 26 B2HE State Com | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | | | 8. Well Number | |
| 1. Type of Well: Oil Well Gas Well Other | | | #1H | |
| 2. Name of Operator | | | 9. OGRID Number | |
| Mewbourne Oil Company | | | 14744 | |
| 3. Address of Operator | | 10. Pool name or Wildcat | | |
| PO Box 5270, Hobbs NM 88240 | | | Winchester; Bone Spring | 65010 |
| 4. Well Location | | | | |
| | Sout Survey day No. 41 | . 1 105 | | 1. |
| Unit Letter H : 2100 | | ine and _185 | feet from theEast | line |
| Section 26 | | ange 28E | | ounty |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | |
| | 3358' | | | |
| | | | | |
| 12. Check A | ppropriate Box to Indicate Na | ture of Notice, | Report or Other Data | |
| | | ŕ | • | |
| NOTICE OF IN | | SUE | SEQUENT REPORT (| DF: |
| PERFORM REMEDIAL WORK 🗌 | PLUG AND ABANDON 🔲 | REMEDIAL WOR | K 🗌 ALTERIN | IG CASING 🔲 |
| TEMPORARILY ABANDON 🔲 | I ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐ | | | |
| PULL OR ALTER CASING | MULTIPLE COMPL | CASING/CEMEN | TJOB 🗌 | |
| DOWNHOLE COMMINGLE | | | | |
| CLOSED-LOOP SYSTEM | | | | |
| _ | | OTHER: | | |
| OTHER: Extend APD | | | | |
| | eted operations. (Clearly state all pe | | | |
| | k). SEE RULE 19.15.7.14 NMAC. | . For Multiple Co | mpletions: Attach wellbore di | agram of |
| proposed completion or reco | mpletion. | | | |
| | | | | |
| Mewbourne Oil Company has a | in approved APD for the abov | ve captioned wo | ell that will expire on 09/ | 18/2016. |
| We would like to extend the Al | D for an additional year. | | | |
| | • | | | |
| C-102 Attached | | | | |
| C-102 Milached | | | | |
| | | | NM OIL CONS | SERVATION |
| | | | ARTESIA D | |
| | | | AUG 1 | 2016 |
| | | | AUG I | 2010 |
| Spud Date: | Rig Release Date | e: | | |
| | | | RECE! | (VED |
| | | | , | |
| I hereby certify that the information a | hove is true and complete to the bes | st of my knowledg | e and helief | |
| Thereby certify that the information a | sove is true and complete to the bes | st of my knowicug | e and benef. | |
| | | | | |
| SIGNATURE XO & Kin X | 2 Hand TITLE Regula | atory | DATE 08/15/16 | |
| SIGNATULE ALEKE | TITLE_Regula | ator y | DATL08/13/10_ | |
| Type or print name Jackie Lathan | F-mail address: | ilathan@mewbo | ITTRE COM PHONE: 575 20 | 32-5905 |
| Type or print name Jackie Lathan E-mail address: _jlathan@mewbourne.com PHONE: _575-393-5905 For State Use Only, | | | | |
| A, | , | n. | 0 . | |
| APPROVED BY: Sylon | harp TITLE Bus | Undan | (/d/) DATE 8- | 19-11- |
| Conditions of Approval (if any): | , wy , | - my mi - | VUV DAIL O' | |
| | | | | |