Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 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	30-015-43630 5. Indicate Type of Lease
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
District IV - (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROP	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	Fuller 14 Federal SWD
1. Type of Well: Oil Well	Gas Well 🔲 Other 🛛 SWD	8. Well Number 1
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 88241		Devonian; SWD 96101
4. Well Location		
**** **********************************	: _2301feet from the _South line and _25	
Section 14	Township 26S Range 29E	NMPM Eddy County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2935 GL)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
	· · · · · · · · · · · · · · · · · · ·	SEQUENT REPORT OF:
PULL OR ALTER CASING		
CLOSED-LOOP SYSTEM		
OTHER:	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.		
08/21/17 MIRU WS rig. ND WH & NU BOP. Released pkr & POOH w/tbg. Changed out pkr.		
08/24/17 RIH w/3 1/2" tbg to 15601'. Displaced w/pkr fluid. Set packer @ 15592'. ND BOP & NU WH. Tested to 1000# for 30 mins,		
held OK.		
08/25/17 Performed MIT to 500#, held OK. Richard Inge from NMOCD witnessed & took test chart with him.		
If you have any questions please call Brennen Fisher		
SIGNATURE Jackie	Fortham_TITLE_Regulatory	DATE08/29/17
SIGNATURE OCKIE Portham TITLE_RegulatoryDATE_08/29/17		
Type or print name Vackie Lathan E-mail address: jlathan@mewbourne.com PHONE: 575-393-5905 For State Use Only APPROVED BY:		
APPROVED BY: D. 1/40 0	ALCO TITLE COMPLETE	attact DATE a /20/17
The first first first first of the office of		

Conditions of Approval (if any):

4