| Office Office  | State of New Mexico  |   | Form C-103                       |  |  |  |  |
|--|--|---|----------------------------------|--|--|--|--|
| District 1 – (575) 393-6161  | Energy, Minerals and Natural Re  | esources                                | Revised July 18, 2013            |  |  |  |  |
| 1625 N. French Dr., Hobbs, NM 88240  |  |   | WELL API NO.                     |  |  |  |  |
| District II - (575) 748-1283   | OIL CONSERVATION DIV   | ISION                                   | 30-015-43144                     |  |  |  |  |
| 811 S. First St., Artesia, NM 88210<br>District III – (505) 334-6178   | 1220 South St. Francis D   |   | 5. Indicate Type of Lease        |  |  |  |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410   |  | Л.                                      | STATE  FEE                       |  |  |  |  |
| District IV - (505) 476-3460   | Santa Fe, NM 87505   |   | 6. State Oil & Gas Leas          | se No.                                       |  |  |  |
| 1220 S. St. Francis Dr., Santa Fe, NM  |  |   |                                  |  |  |  |  |
| 87505  | CES AND REPORTS ON WELLS   | *************************************** | 7                                | A  |  |  |  |
| (DO NOT USE THIS FORM FOR PROPOS   | 7. Lease Name or Unit  |   |                                  |  |  |  |  |
| DIFFERENT RESERVOIR. USE "APPLIC   | Foreigner 4 B2CN Fee   |   |                                  |  |  |  |  |
| PROPOSALS.)  | (101011 111) 1 021 200   | •••                                     | 8. Well Number                   |  |  |  |  |
| 1. Type of Well: Oil Well  | Gas Well Other   |   | #1H                              |  |  |  |  |
| 2. Name of Operator  | NM OIL CONSERV   | 9. OGRID Number                         |                                  |  |  |  |  |
| Mewbourne Oil Company  | ARTESIA DISTRI   |   | 14744                            |  |  |  |  |
| 3. Address of Operator   |  |   | 10. Pool name or Wildo           | cat  |  |  |  |
| PO Box 5270, Hobbs NM 88240  | OCT <b>1 1 20</b> 1  | 17                                      | Culebra Bluff; Bone Spring South |  |  |  |  |
| 4. Well Location   |  |   |                                  |  |  |  |  |
|  |  | 1 1000                                  | A . A . A . TTT .                |  |  |  |  |
| Unit Letter _N:350   |  | -                                       | feet from theWest                | line   |  |  |  |
| Section 33   | Township 23S Range   |   | NMPM Eddy                        | County                                       |  |  |  |
| <b>人名英</b> 曼斯特尔 医克里克斯氏病  | 11. Elevation (Show whether DR, RKB,   | RT, GR, etc.,                           |                                  | Land Company                                 |  |  |  |
|  | 3068'  |   |                                  |  |  |  |  |
|  |  |   |                                  |  |  |  |  |
| 12 Check A   | ppropriate Box to Indicate Nature  | of Notice                               | Report or Other Data             |  |  |  |  |
| 12. Check 1  | ppropriate box to maleate rature   | of Notice,                              | report of Other Data             |  |  |  |  |
| NOTICE OF IN   | CENTION TO:  | SUR                                     | SEQUENT REPOR                    | T OF:  |  |  |  |
| PERFORM REMEDIAL WORK  |  |   |                                  |  |  |  |  |
| TEMPORARILY ABANDON  |  |   |                                  |  |  |  |  |
| PULL OR ALTER CASING   | The state of the s | SING/CEMEN                              |                                  |  |  |  |  |
|  | MOLTIFLE COMPL D CAS   | INGICENIEN                              | 1306                             |  |  |  |  |
| DOWNHOLE COMMINGLE   |  |   |                                  |  |  |  |  |
| CLOSED-LOOP SYSTEM   |  |   |                                  |  |  |  |  |
| OTHER: Extend APD  | ОТН  | IED.                                    | m                                |  |  |  |  |
|  | eted operations. (Clearly state all pertine  |   | d aire martinant datas in a      | Indian activated data                        |  |  |  |
|  | k). SEE RULE 19.15.7.14 NMAC. For  |   |                                  |  |  |  |  |
| proposed completion or reco  |  | Munipie Coi                             | inpletions: Attach wendo         | re diagram of                                |  |  |  |
| proposed completion of rece  | inpletion.   |   |                                  |  |  |  |  |
| Marsh 0:1 Carray   |  | 4                                       | .11 41. 4                        | 05/07/0017                                   |  |  |  |
|  | an approved APD for the above ca   | apnonea we                              | en mat will expire on            | 05/2//2017.                                  |  |  |  |
| We would like to extend the Al   | 2D for an additional year.   |   |                                  |  |  |  |  |
|  |  |   |                                  |  |  |  |  |
| C-102 Attached   |  |   | expers 5-2                       | 27-2018                                      |  |  |  |
|  |  |   | oupous 3.                        | <i>,</i> , , , , , , , , , , , , , , , , , , |  |  |  |
|  |  |   |                                  |  |  |  |  |
|  |  |   |                                  |  |  |  |  |
|  |  |   |                                  |  |  |  |  |
|  |  |   |                                  |  |  |  |  |
| Spud Date:   | Rig Release Date:  |   |                                  |  |  |  |  |
| •  | _  |   |                                  |  |  |  |  |
|  |  |   |                                  |  |  |  |  |
| I have by contifue that the information of   | bove is true and complete to the best of   |   | a and balles                     |  |  |  |  |
| Thereby certify that the information a   | bove is true and complete to the best of i   | iny knowiedg                            | e and belief.                    |  |  |  |  |
|  |  |   |                                  |  |  |  |  |
| SIGNATURE DON'T  | -Ha. TITLE Boules  | _                                       | DATE 04/07                       | 1177   |  |  |  |
| SIGNATURE ALGUE  | TILE_Regulatory  | ·                                       | DATE04/27/                       | /1/  |  |  |  |
| The state of the s | TITLE_Regulatory  E-mail address: _jlatl   | 1 C                                     | W17~\ m                          | 76 202 6006                                  |  |  |  |
| Type or print name Jackie Lathan_  | E-mail address: _jlati   | nan@mewbo                               | urne.com PHONE: _5               | /5-393-5905                                  |  |  |  |
| For State Use Only   |  |   |                                  |  |  |  |  |
| 1000 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | TITLE STAFF A  | _                                       |                                  | A 11 1                                       |  |  |  |
| APPROVED BY:   | TITLE JAHA   | 7 <b>5</b> -                            | DATE_/                           | 0-11-17                                      |  |  |  |
| Conditions of Approval (if any):   |  | ,                                       |                                  |  |  |  |  |

District I
1623 N. French Dr., Hobbs, NM 88240
Phone: (575) 993-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesis, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fc, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

## State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

| 1 API Number                                      |  |   | <sup>2</sup> Pool Code |           | 3 Pool Name   |                    |               |         |               |   |
|---|--|---|------------------------|-----------|---------------|--------------------|---------------|---------|---------------|---|
| 300   | 15-4                                   | 13144                                   | l l'                   | 50 W      | <u> </u>      | <u> elebra Blu</u> | ff: Bone      | Soc     | ina           | South                                   |
| 4 Property Co                                     | rty Code 5 Property Name 5 Well Number |   |                        |           |               |                    |               |         | 6 Well Number |   |
| 31486   | 59                                     | FOREIGNER 4 B2CN FEE 1H                 |                        |           |               |                    |               |         |               | 1H                                      |
| 7OGRID  |  | ROperator Name 9 Elevation              |                        |           |               |                    |               |         |               |   |
| יינאו   | 14                                     | *************************************** | MEWBOURNE OIL COMPANY  |           |               |                    |               |         |               | 3069'                                   |
| <sup>10</sup> Surface Location                    |  |   |                        |           |               |                    |               |         |               |   |
| UL or lot no.                                     | Section                                | Township                                | Range                  | Lot Idn   | Feet from the | North/South line   | Feet From the | East/We | est line      | County                                  |
| N   | 33                                     | 23S                                     | 28E                    |           | 350           | SOUTH              | 1980          | WE      | ST            | EDDY                                    |
| 11 Bottom Hole Location If Different From Surface |  |   |                        |           |               |                    |               |         |               |   |
| UL or lot no.                                     | Section                                | Township                                | Range                  | Lot Idn   | Feet from the | North/South line   | Feet from the | East/Wo | est line      | County                                  |
| N   | 4                                      | 24S                                     | 28E                    |           | 330           | SOUTH              | 1800          | WE:     | ST            | EDDY                                    |
| 12 Dedicated Acres                                | s 13 Joint                             | tortnfill 14 (                          | Consolidation          | Code 15 ( | Order No.     |                    |               |         |               | *************************************** |
| 160.05  |  |   |                        |           |               |                    |               |         |               |   |

No allowable will be assigned to this completion until all interest have been consolidated or a non-standard unit has been approved by the division.

