

NMOCD
Artesia
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

5. Lease Serial No.
NMNM111528

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

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.

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	8. Well Name and No. ANNABELLE 18/13 W2PO FED COM 1H
2. Name of Operator MEWBOURNE OIL COMPANY Contact: JACKIE LATHAN E-Mail: jlathan@mewbourne.com	9. API Well No. 30-015-44532
3a. Address PO BOX 5270 HOBBS, NM 88241	10. Field and Pool or Exploratory Area BLACK RIVER-WOLFCAMP
3b. Phone No. (include area code) Ph: 575-393-5905	11. County or Parish, State EDDY COUNTY, NM
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 19 T24S R27E Mer NMP NENE 10FNL 330FEL	

12. CHECK THE 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"/> Hydraulic Fracturing	<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	Well Spud
	<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 recomple 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recomple in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

12/19/17...Spud 17 1/2" hole. TD'd hole @ 554'. Ran 539' of 13 3/8" 54.5# J55 ST&C csg. Cemented with 550 sks Class C w/2% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Plug down @ 10:30 P.M. 12/19/17. Displace w/76 bbl FW. Circ 193 sks cement to pit. Tested BOPE to 5000# & Annular to 3500#. Tested standpipe & mud lines to the pumps to 5000#. At 4:45 A.M. 12/21/17, tested csg to 1500# for 30 minutes, held OK. Drilled out with 12 1/4" bit. FIT test to EMW of 10.5 PPG.

Chart & Schematic attached.

Bond on file: NM1693 nationwide & NMB000919

Accepted for record - NMOCD
4-18-18

NM OIL CONSERVATION
ARTESIA DISTRICT

APR 18 2018

RECEIVED

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

**Electronic Submission #400954 verified by the BLM Well Information System
For MEWBOURNE OIL COMPANY, sent to the Carlsbad
Committed to AFMSS for processing by PRISCILLA PEREZ on 01/17/2018 ()**

Name (Printed/Typed) JACKIE LATHAN	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 01/16/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
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 _____	BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE	

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.

(Instructions on page 2)

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



MAN
WELDING SERVICES

WELDING • BOP TESTING
NIPPLE UP SERVICE • BOP LIFTS • TANDEM
MUD AND GAS SEPARATORS
Lovington, NM • 575-396-4540

Pg. 1 of 1

Company: NewBournc Date: 12-12-17 Invoice # B83991

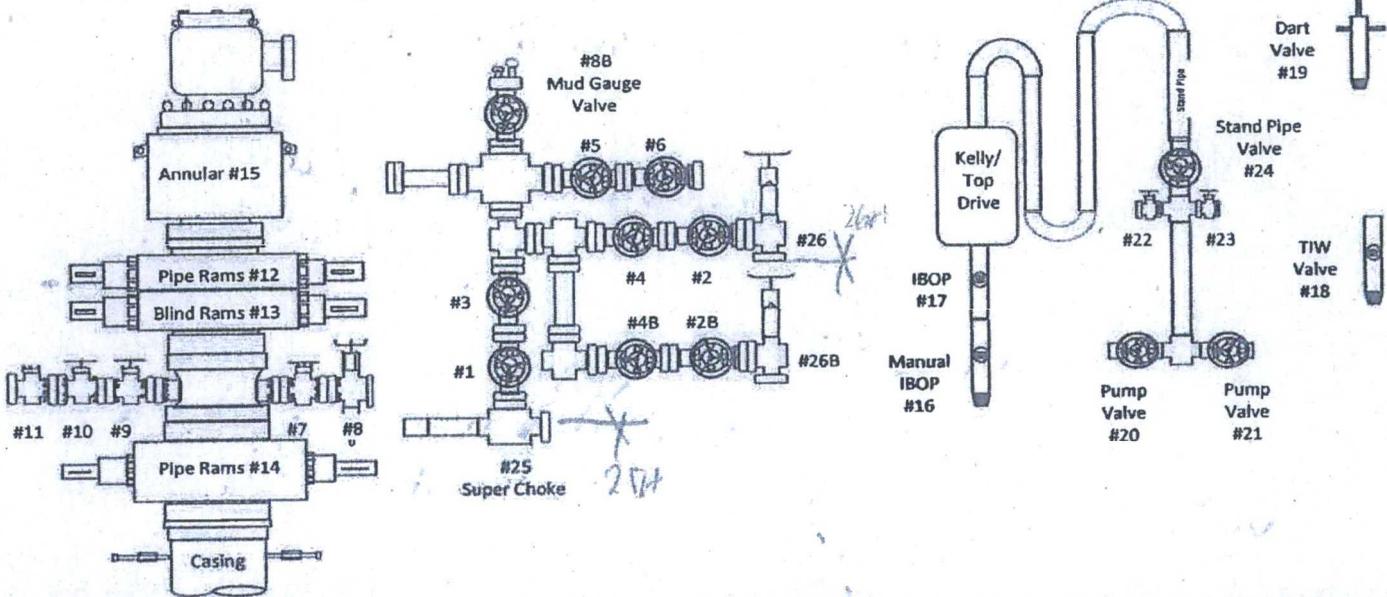
Lease: annabelle 12/13 WZPO Fedrom 1H Drilling Contractor: Patterson Rig # 245

Plug Size & Type: 12" G-22 Drill Pipe Size: CEP-39 4 1/2 IF Tester: JODD

Required BOP: _____ Installed BOP: _____

*Appropriate Casing Valve Must Be Open During BOP Test *

* Check Valve Must Be Open/Disabled To Test Kill Line Valves *



TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1.	15, 9, 7	10-10	210	3500	Passed
2.	12, 9, 7	10-10	210	5000	Passed
3.	12, 10, 8	10-10	210	5000	Passed
4.	12, 10, 8b, 3, 4, 5	10-10	210	5000	Passed
5.	19	10-10	210	5000	Passed CEP-39
6.	18	10-10	210	5000	Passed CEP-39
7.	19	10-10	210	5000	Passed 4 1/2 IF
8.	18	10-10	210	5000	Passed 4 1/2 IF
9.	20, 21, 22, 23	10-10	210	5000	Passed
10.	24	10-10	210	5000	Passed
11.	16	10-10	210	5000	Passed
12.	14	10-10	210	5000	Passed
13.	13, 11, 6, 2, 1, 4B	10-10	210	5000	Passed
14.	13, 11, 25, 26, 4b, 6	10-10	210	5000	Passed
15.	13, 11, 25A, 26A, 4B, 6	10-10	210	5000	Passed

MAN WELDING SERVICES, INC

Company Mewburne Date 12-20-17
Lease Annabelle 12/13 W270 Indian H. County Eddy County
Drilling Contractor Patterson 245 Plug & Drill Pipe Size 20-39 4 1/2" 12' 0" 72
Accumulator Pressure: 3000 Manifold Pressure: 1500 Annular Pressure: 1300

Accumulator Function Test - OO&GO#2

To Check - USABLE FLUID IN THE NITROGEN BOTTLES (III.A.2.c.i. or ii or iii)

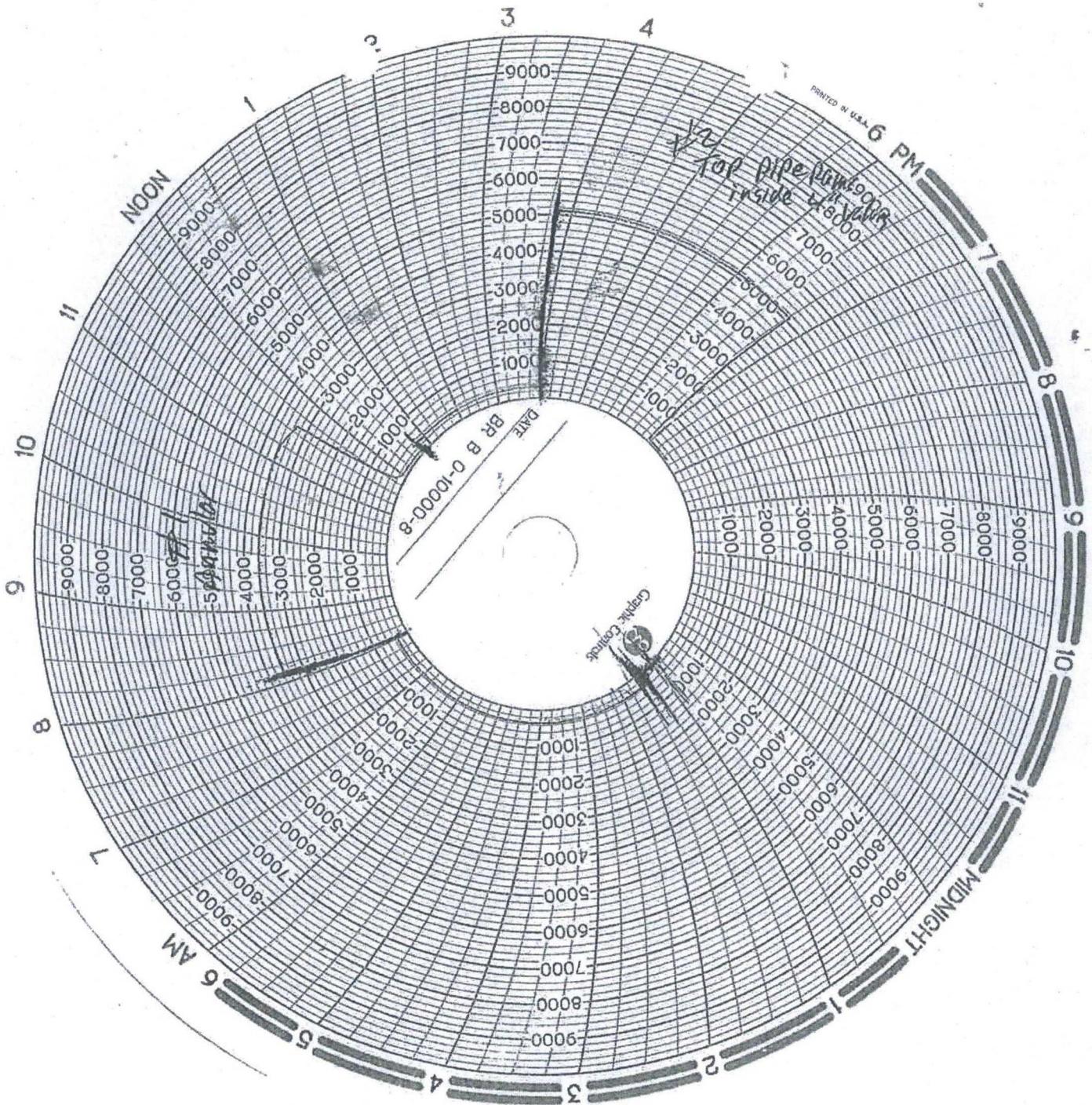
- Make sure all rams and annular are open and if applicable HCR is closed.
 - Ensure accumulator is pumped up to working pressure! (Shut off all pumps)
1. Open HCR Valve. (If applicable)
 2. Close annular.
 3. Close all pipe rams.
 4. Open one set of the pipe rams to simulate closing the blind ram.
 5. For 3 ram stacks, open the annular to achieve the 50+ % safety factor. (5M and greater systems).
 6. Record remaining pressure 1400 psi. Test fails if pressure is lower than required.
 - a. {950 psi for a 1500 psi system} b. {1200 psi for a 2000 & 3000 psi system}
 7. If annular is closed, open it at this time and close HCR.

To Check - PRECHARGE ON BOTTLES OR SPHERICAL (III.A.2.d.)

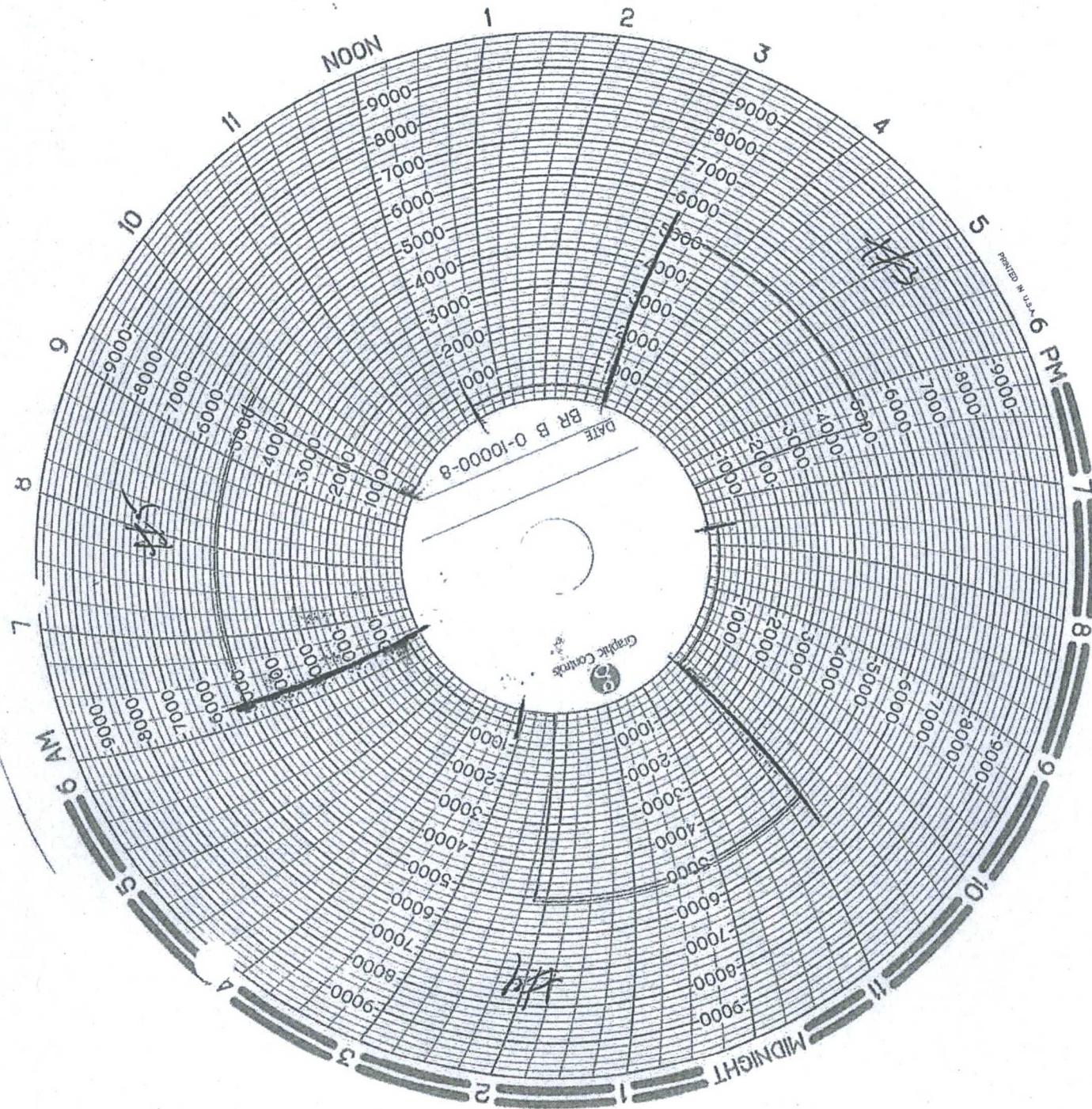
- Start with manifold pressure at, or above, maximum acceptable pre-charge pressure:
 - a. {800 psi for a 1500 psi system} b. {1100 psi for 2000 and 3000 psi system}
1. Open bleed line to the tank, slowly. (gauge needle will drop at the lowest bottle pressure)
 2. Close bleed line. Barely bump electric pump and see what pressure the needle jumps up to.
 3. Record pressure drop 100 psi. Test fails if pressure drops below minimum.
- Minimum: a. {700 psi for a 1500 psi system} b. {900 psi for a 2000 & 3000 psi system}

To Check - THE CAPACITY OF THE ACCUMULATOR PUMPS (III.A.2.f.)

- Isolate the accumulator bottles or spherical from the pumps & manifold.
 - Open the bleed off valve to the tank, {manifold psi should go to 0 psi} close bleed valve.
1. Open the HCR valve, {if applicable}
 2. Close annular
 3. With pumps only, time how long it takes to regain the required manifold pressure.
 4. Record elapsed time 1:21/2. Test fails if it takes over 2 minutes.
 - a. {950 psi for a 1500 psi system} b. {1200 psi for a 2000 & 3000 psi system}



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BR B 0-10000-8

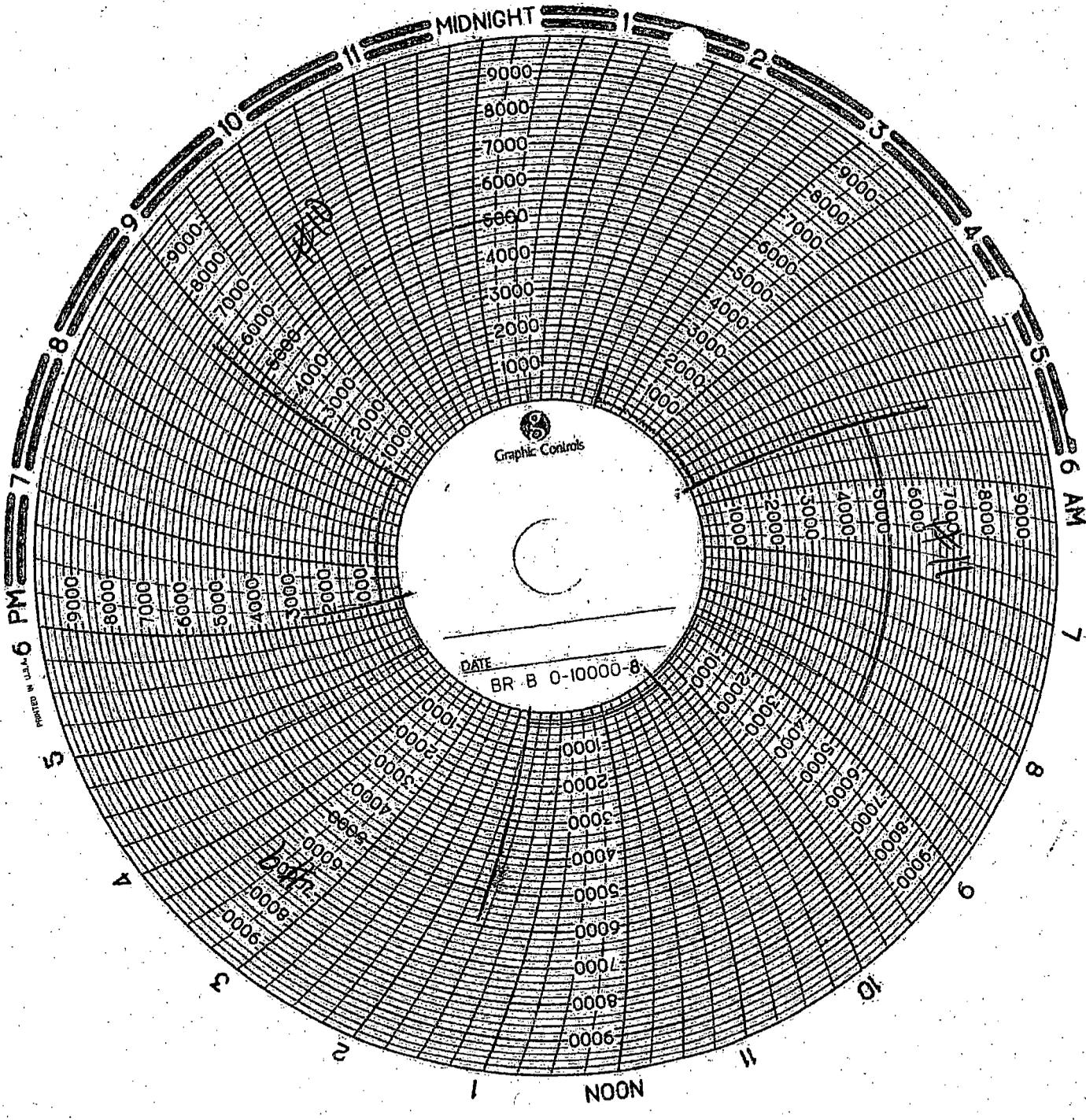
Graphic Controls

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PRINTED IN U.S.A. 6 PM

Graphic Controls

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