Office Office	State of New Mexico	Form C-1	
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resource	ces Revised July 18, 20	013
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 DIVISIO	N 30-015-45905	
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 FEE S	
District IV – (505) 476-3460	Sailta FC, NWI 67303	6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505		·	
SUNDRY NOTICE	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name	e
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		A Sundown 31/32 W0EH Fee	
	TION FOR PERMIT" (FORM C-101) FOR SUCH	8. Well Number 2H -	
PROPOSALS.) 1. Type of Well: Oil Well G	as Well 🛛 Other	• • • • • • • • • • • • • • • • • • •	
2. Name of Operator	as wen z one	9. OGRID Number 14744	
Mewbourne Oil Company		J. COMB Number 11771	
3. Address of Operator		10. Pool name or Wildcat	
PO Box 5270, Hobbs NM 88241		Purple Sage; Wolfcamp (Gas) 98220	
4. Well Location			
	1 27 1 17 1050 5 15 1 1 27	1.	
	om the North line and 250 feet from the West		
Section 31	Township 22S Range 27		
	11. Elevation (Show whether DR, RKB, RT, C	GR, etc.)	
	3201' GL		
12. Check Ap	ppropriate Box to Indicate Nature of N	otice, Report or Other Data	
		OUROS OF SECOND OF	
NOTICE OF INT		SUBSEQUENT REPORT OF:	_
 -	PLUG AND ABANDON REMEDIA	. 	닏
		CE DRILLING OPNS. P AND A	
 -	MULTIPLE COMPL CASING/C	EMENT JOB	
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM		Tubing 8 ECD Conde	- 7
OTHER:	OTHER:	Tubing & ESP Sundry ails, and give pertinent dates, including estimated	data
		ple Completions: Attach wellbore diagram of	uate
proposed completion or recor	,	pie completions. Attach wendore diagram of	
proposed completion of recor	inpiction.		
01/21/2020 RIH w/2 %" 6.5# L80 tub	ing & ESP assembly to 8229'. PWOL.	,	
		RECEIVED	
		JAN 3 0 2020	
	·	v.	
Spud Date: 08/09/19	Rig Release Date: 09/0	EMNRD-OCD ARTES	SIA
			J 1774
			Ή <u>.</u>
I hereby certify that the information ab	pove is true and complete to the best of my kn	owledge and belief.	
CYCLY TY THE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	DATE 01/22/2020	
SIGNATURE JOCALO	TITLE_Regulatory	DATE01/22/2020	
Town a wint name (looking Lothon I	T mail addresse ilathan@mayyhayma aam	DUONE: 575 202 5005	
	E-mail address: _jlathan@mewbourne.com	PHONE: _575-393-5905	
For State Use Only		, ,	
APPROVED BY:	TITLE STATE M	DATE 2/4/20	
Conditions of Approval (if any):		-	

2/6/20