

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Hobbs, NM 88210
District III
1000 Rio Brazos Rd., Hobbs, NM 88240
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-34588
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Cass Draw 30
8. Well Number 1
9. OGRID Number 14744
10. Pool name or Wildcat Dublin Ranch Morrow 76140

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☒ Other ☐

2. Name of Operator
Mewbourne Oil Company

3. Address of Operator
PO Box 5270 Hobbs, NM 88240

4. Well Location
Unit Letter N : 660 feet from the S line and 1650 feet from the W line
Section 30 Township 22S Range 28E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3049' GL

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>
MULTIPLE COMPL <input type="checkbox"/>	P AND A <input type="checkbox"/>
OTHER: <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: <input type="checkbox"/>

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

03/29/07...MI & spud 17 1/2" hole. TD'd hole @ 470'. Ran 470' 13 3/8" 48# H40 ST&C csg. Cemented with 100 sks BJ Lite Class C with additives. Mixed @ 12.5 #/g w/ 1.98 yd. Tail with 400 sks Class C with 2% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Circ 31 sks to pit. WOC 18 hrs. At 3:30 pm on 03/29/07, tested BOPE and 13 3/8" casing to 1250# for 30 minutes, held OK. Drilled out with 12 1/4" bit.

04/09/07...TD'ed 12 1/4" hole @ 4505'. Ran 4505' 9 5/8" 40# N80J55HCK55 LT&C Csg. Cemented with 1300 sks BJ Lite Class C (35:65:6) with additives. Mixed @ 12.5 /g w/ 1.97 yd. Tail with 400 sks Class C w/ 1% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Circ 83 sks to pit. Tested BOPE to 5000# & annular to 2500#. At 7:00 pm on 04/09/07, tested 9 5/8" casing to 1500# for 30 minutes as required. All equipment passed. Tested formation at csg shoe to 12.5 PPG MWE. Charts and schematic attached. Drilled out with 8 3/4" bit.

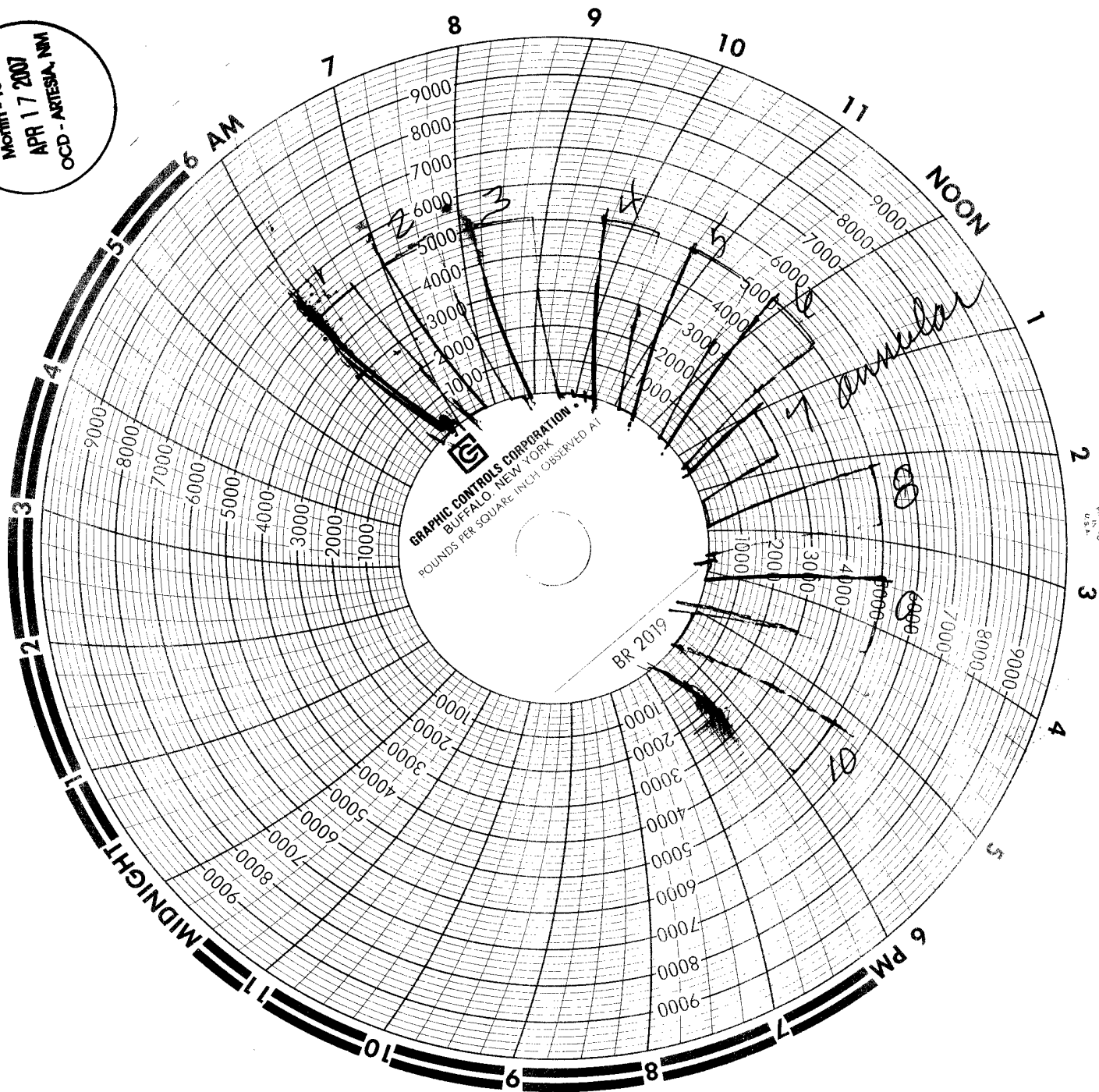
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Kristi Green TITLE Hobbs Regulatory DATE 04/13/07

Type or print name Kristi Green E-mail address: _____ Telephone No. 505-393-5905
For State Use Only **FOR RECORDS ONLY** **APR 17 2007**

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____

Month - Year
APR 17 2007
OCD - ARTESIA, NM



MAN WELDING SERVICES, INC

Company Melbourne Oil Date 04/09/07
Lease Carr Draw 301 County Adair
Drilling Contractor Team 47 Plug & Drill Pipe Size 11" 4 1/2" X 0

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** 1300 **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** 1100 **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 min 47 **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}

MAN WELDING SERVICES, INC.

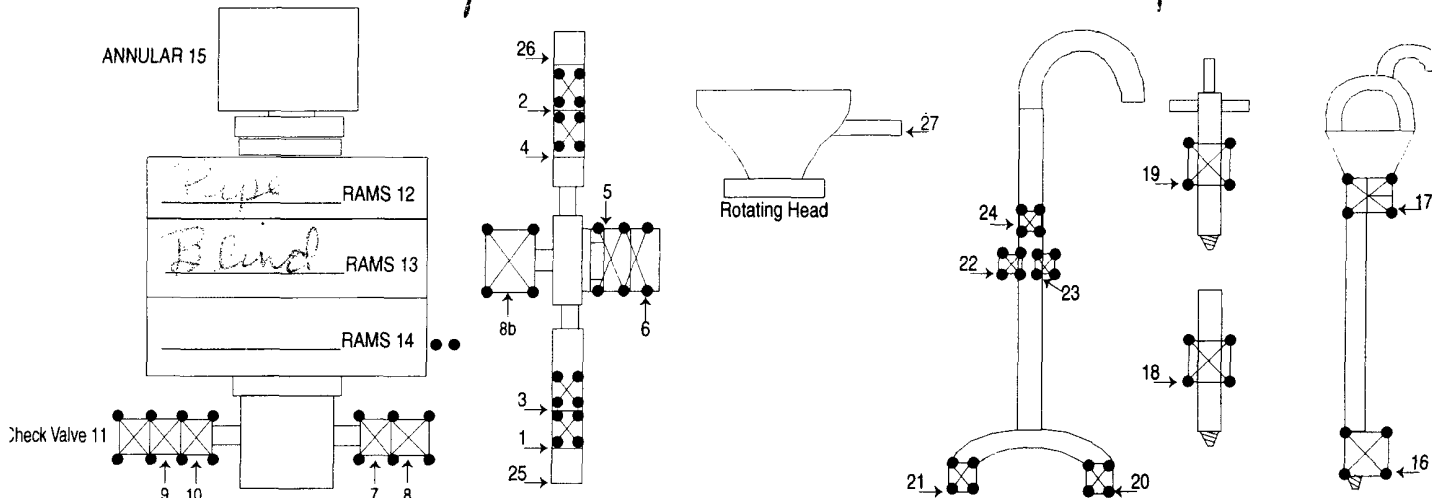
P.O. Box 1541 • Lovington, N.M. 88260
BUS: 505 396-4540 • FAX: 505 396-0044



INVOICE

B 6911

Company Newbourn Oil Co. Date 04/09/07 Start Time 11:30 ☐ am ☒ pm
Lease Cass Draw 30 #1 County Eddy State N.M.
Company Man Wesley Moseff
Wellhead Vendor _____ Tester Robert W. Williamson
Drig. Contractor Patterson Rig # 417
Tool Pusher William Lewis
Plug Type C-22 Plug Size 11" Drill Pipe Size 4 1/2" X.O.
Casing Valve Opened yes Check Valve Open yes



TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1.	13, 25, 26, 6 & 7	10 min		5000	Leaky Top Connection
2.	13, 1, 2, 5 & 10			5000	spool flange inside
3.	13, 3, 4, 5, & 11			5000	choke line flange
4.	12, 8b & 11			5000	connection on Choke
5.	12, 8 & 11			5000	Manifold - lightened
6.	12, 7 & 11			5000	3 held
7.	15, 7, & 11 (annular)			2500	
8.	18			5000	
9.	17			5000	
10.	19			5000	
	* Valve #16 shut				Unless otherwise stated
	Test to be replaced)				everything checked
	w/ checked valve				held while was
					on location

8 HR@ \$1000.00
5 HR@ \$500.00
Mileage @ 1 mi = \$100.00
Mechanical Chrg. = \$400.00

SUB TOTAL \$2090.00
TAX \$110.80
TOTAL \$2191.80