

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
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.
30-015-34164
5. Indicate Type of Lease
STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
OG-5851-1

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

JUL - 2 2007

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

OCD-ARTESIA

7. Lease Name or Unit Agreement Name
Horseshoe 33 State

8. Well Number
1

9. OGRID Number
14744

10. Pool name or Wildcat
Horseshoe Bend Morrow 78680

4. Well Location

Unit Letter ___ L ___ : ___ 1650 ___ feet from the ___ S ___ line and ___ 660 ___ feet from the ___ W ___ line
Section 33 Township 23S Range 25E NMPM Eddy County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3769' 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: change well name ☒

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.

MOC would like to change the well name from the Horseshoe 33 State #1 to the *Horseshoe State Exploratory Unit #1*.
If you have any problems or questions, please call me at (505) 393-5905.

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 06/28/07

Type or print name Kristi Green E-mail address: kgreen@mewbourne.com Telephone No. 505-393-5905

For State Use Only

APPROVED BY: BRYAN G. ARRAZ
DISTRICT II GEOLOGIST

DATE JUL 03 2007

Conditions of Approval (if any):