

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT **OCD-ARTESIA**

FORM APPROVED
OMB No. 1004-0135
Expires: January 31, 2004

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 reverse side

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

2. Name of Operator
Mewbourne Oil Company 14744

3a. Address
PO Box 5270 Hobbs, NM 88241

3b. Phone No. (include area code)
575-393-5905

4. Location of Well (Footage, Sec., T, R., M., or Survey Description)
330' FSL & 990' FEL, Sec 5-T20S-R29E Unit Letter P (Surface)
330' FNL & 400' FEL, Sec 5-T20S-R29E Unit Letter A (BHL)

5. Lease Serial No.
NMMN-0144698
6. If Indian, Allottee or Tribe Name
7. If Unit or CA/Agreement, Name and/or No.
8. Well Name and No.
Colt 5 Federal #3 H
9. API Well No.
30-015-38064
10. Field and Pool, or Exploratory Area
Winchester Bone Spring 65010
11. County or Parish, State
Eddy County, NM

12. CHECK 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"/> Fracture Treat	<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 type="checkbox"/> Other Spud & cmt
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

3. 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 recompleat 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

08/27/10...MI & spud 26" hole. TD hole at 323'. Ran 323' 20" 94# J55 BT&C csg. Cemented with 180 sks Thixad Class H with additives. Mixed @ 14.6 #/g w/ 1.52 yd. Tail w/700 sks Class C w/additives. Mixed @ 14.8 #/g w/ 1.34 yd. Plug down @ 12:30 pm 08/28/10. Circ 120 sks to pit. Drilled out with 17 1/2" bit.

08/31/10 TD'ed 17 1/2" hole @ 1277'. Ran 1277' 13 3/8" 61# K55 / 54.5# K55 & 48# H40 ST&C Csg. Cemented with 900 sks BJ Lite Class C w/additives. Mixed @ 12.5# /g w/ 2.15 yd. Tail w/200 sks Class C w/2% CACI2. Mixed @ 14.8 #/g w/ 1.34 yd. Plug down @ 7:15 pm 08/31/10. Circ 105 sks to pit. At 11:00 am on 09/01/10, tested BOPE & casing to 1250# for 30 mins, held OK. Chart & schematic attached. Drilled out with 12 1/4" bit.

RECEIVED
OCT 19 2010
NMOCD ARTESIA

ACCEPTED FOR RECORD
OCT 17 2010

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Jackie Lathan

Title Hobbs Regulatory

Signature

Jackie Lathan

Date 09/23/10

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by (Signature)

Name
(Printed/Typed)

Title

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

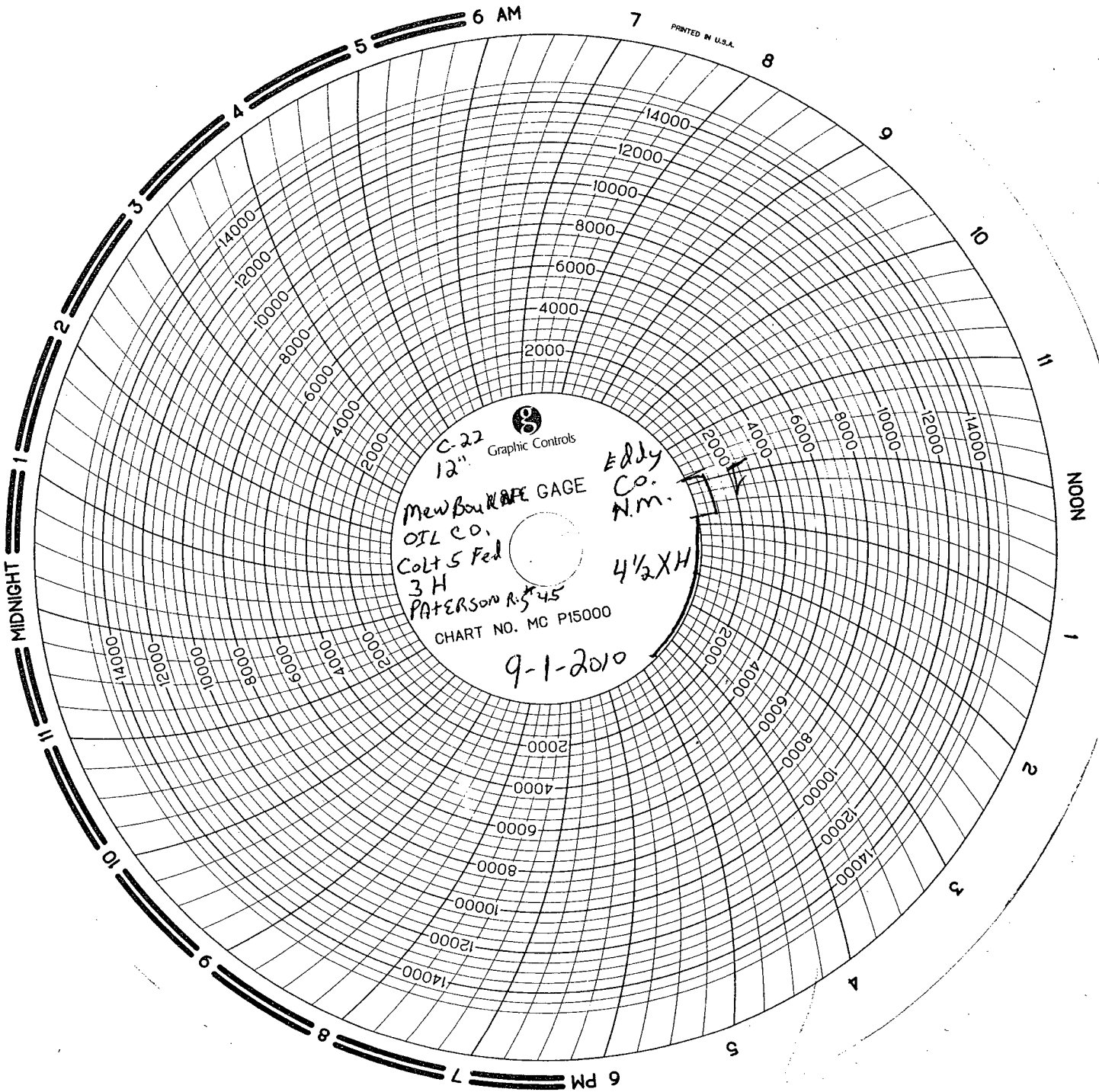
Date

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.

(Continued on next page)

Accepted for record
NMOCD *JS*

OK



Accepted for record - NMOCD

**INVOICE**

NR B 1 1428

Company Man _____

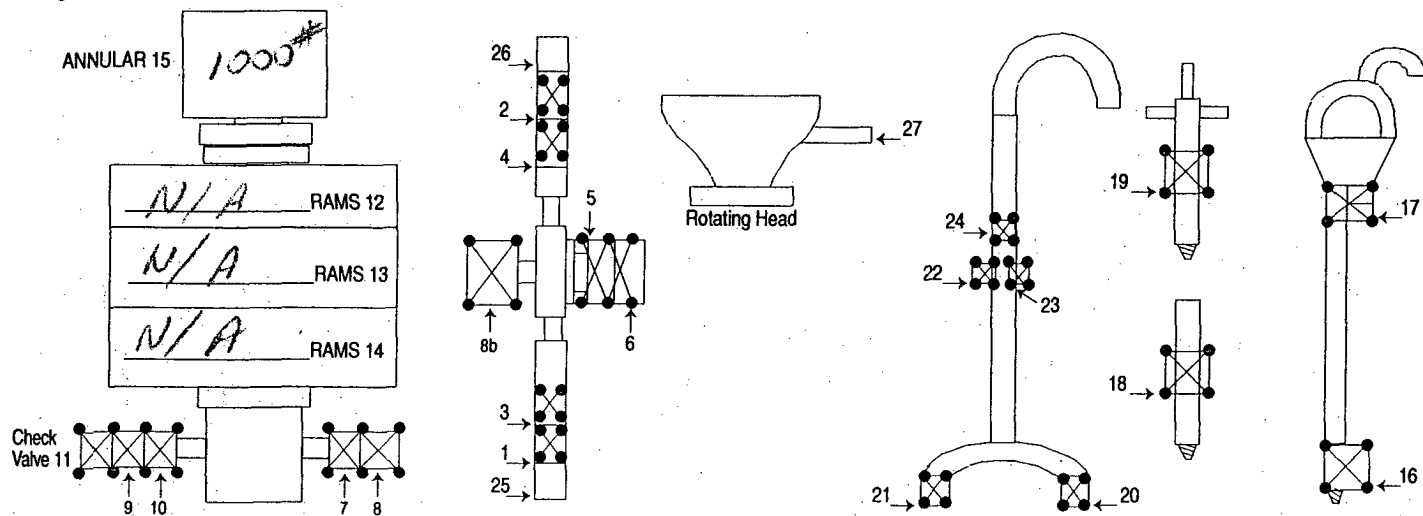
Wellhead Vendor _____ Tester Kenny Hughes

Drig. Contractor PATERSON 0 0 Rig # 45

Tool Pusher: _____

Plug Type C-22 Plug Size 12" Drill Pipe Size 4 1/2 XH

Casing Valve Opened NO Check Valve Open

[illegible]

8 HR@ 1150.⁰² = 1150.⁰²

HR@

Mileage 144 @ 1.00 = 144.00

MASTER PRINTERS 575.396.3661

Accepted for record - NMOCB

SUB TOTAL \$ 1294.00

TAX 71.5

TOTAL \$1,365.17

MAN WELDING SERVICES, INC

Accepted for record - NMOCD

Company NEW BOURNE OIL CO. Date 9-1-2010
Lease Colt 5-Fed. 3-H County Eddy Co. N.M.
Drilling Contractor PATERSON Rig #45 Plug & Drill Pipe Size C-22-12" - 4 1/2 X H

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 1275 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 1000 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, 10 sec, 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}