Submit 1 Copy To Appropriate District Office

District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

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

Rec'd 12/03/2020 - NMOCD   Form C-103
Revised July 18, 2013

WELL API NO.
30-015-33183

5. Indicate Type of Lease
STATE ☐   FEE ☒

6. State Oil & Gas Lease No.

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

7. Lease Name or Unit Agreement Name
LA HUERTA 30 FEE COM

8. Well Number 1Y

9. OGRID Number
14744

10. Pool name or Wildcat
BURTON FLATS MORROW (gas)

4. Well Location

Unit Letter _P___ : __823'__ feet from the _SOUTH_____ line and __945'_____ feet from the _EAST_____ line

Section   19   Township 21S   Range 27E   NMPM   Eddy   County

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*
3142' GL

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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 ☐
DOWNHOLE COMMINGLE ☐	
CLOSED-LOOP SYSTEM ☐	
OTHER:	☒

SUBSEQUENT REPORT OF:

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

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

Shut-in while repairing gas line leak

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _Jackie Lathan_ TITLE _Regulatory_____ DATE __12/03/2020_____

Type or print name _Jackie Lathan____ E-mail address: jlathan@mewbourne.com_____ PHONE: _575-393-5905___

For State Use Only

APPROVED BY:_____ <mark>Accepted for record – NMOCD gc 12/09/2020</mark> _____ DATE _____
Conditions of Approval (if any):