

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
Revised March 25, 1999

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

WELL API NO.
30-015-33045

5. Indicate Type of Lease
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.
VB-0516

7. Lease Name or Unit Agreement
Name:

Black River 35 State Com

8. Well No.
#2

9. Pool name or Wildcat
Morrow

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

RECEIVED

2. Name of Operator

Mewbourne Oil Company 14744

3. Address of Operator

PO Box 5270 Hobbs, NM 88241

4. Well Location

Unit Letter A : 660 feet from the North line and 660 feet from the East line

Section 35 Township 23S Range 26E NMPM Eddy County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3232'

11. 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 COMPLETION ☐

OTHER: Add additional Morrow perfs ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. 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 recompilation.

Isolate Morrow perfs at 11480' to 11590'. Perforate additional Morrow perfs at 11204' to 11220' thru tubing. Test for production.

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

SIGNATURE Kristi Green TITLE Hobbs Regulatory DATE 03/18/05

Type or print name Kristi Green Telephone No. 505-393-5905

(This space for State use)

FOR RECORDS ONLY

APPROVED BY _____ TITLE _____ DATE MAR 22 2005

Conditions of approval, if any: