1 		Office	tate of New Mexico linerals and Natural Resources	Form C-103 Revised August 1, 2011
		1625 N. French Dr., Hobbs, NM 88240	interars and Natural Resources	WELL API NO.
-	•	District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL COI	SERVATION DIVISION	30-015-40750
	:	<u>District III</u> - (505) 334-6178 1220	South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
.:		<u>((((((((((((((((((((((((((((((((</u>	anta Fe, NM 87505	6. State Oil & Gas Lease No.
¥.	Ċ	1220 S. St. Francis Dr., Santa Fe, NM 87505		
	. [	SUNDRY NOTICES AND REPO		7. Lease Name or Unit Agreement Name
÷		(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR DIFFERENT RESERVOIR. USE "APPLICATION FOR PERM		San Lorenzo 22/27 KF Fee
:	, ,	PROPOSALS.) 1. Type of Well: Oil Well Gas Well C	ther	8. Well Number 1H
	*	2. Name of Operator		9. OGRID Number
		Mewbourne Oil Company		14744
•		<ol> <li>Address of Operator</li> <li>PO Box 5270, Hobbs, New Mexico</li> </ol>		10. Pool name or Wildcat San Lorenzo; Bone Spring 53600
Ŷ		4. Well Location	]	
-			the South line and 1980_	feet from the West line
3		Section 22 Townshi		NMPM Eddy County
	· · ·	11. Elevation ( 2970', GL	Show whether DR, RKB, RT, GR, etc.)	
		2770 81		
: • : •	t	12. Check Appropriate Bo	x to Indicate Nature of Notice, I	Report or Other Data
•:		NOTICE OF INTENTION TO	SUBS	SEQUENT REPORT OF:
`		PERFORM REMEDIAL WORK PLUG AND AB		
		TEMPORARILY ABANDON		
e		PULL OR ALTER CASING DOWNHOLE COMMINGLE		JOB 🛛
į				
	-	OTHER:	OTHER:	
		13. Describe proposed or completed operations. of starting any proposed work). SEE RULE		
ji L		proposed completion or recompletion.	· · · · · · · · · · · · · · · · · · ·	
		12/22/12TD 8 3/4" hole at 8470'. Ran 8470' of 7		
•.		w/additives. Mixed $(a)$ 11.9 #/g w/ 2.38 yd. Tail		
·.		PM 12/22/12. Circulated 54 sks of cmt to the pit. Drilled out with 6 1/8" bit.	At 2:00 A.M. $12/24/12$ , tested csg &	BOPE to 1500# for 30 minutes, held OK.
	,			RECEIVED
į	• • • ,	Spud Date: 12/07/12	Rig Release Date:	FEB <b>4</b> 2013
				NMOCD ARTESIA
	-			
1	1	hereby certify that the information above is true and	complete to the best of my knowledge	and belief.
		SIGNATURE Actic Fathas		DATE_01/15/13
	5	Type or print name _Jackie Lathan	E-mail address: jlathan@mewbourne	e.comPHONE: _575-393-5905_,
	ĺ	For State Use Only	1 20	fit has
)		APPROVED BY:	TITLE CST MS COU	VSP DATE 24/3
		Conditions of Approval (if any):		
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