Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		30-015-38460
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District 111 – (505) 334-6178	1220 South St. Francis Dr.	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		L-3355
	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
DIFFERENT RESERVOIR. USE "APPLI   PROPOSALS.)	ICATION FOR PERMIT" (FORM C-101) FOR SUCH	Parkway 26 State Com
1. Type of Well: Oil Well	Gas Well  Other	8. Well Number 5H
2. Name of Operator		9. OGRID Number
Mewbourne Oil Company		14744
3. Address of Operator PO Box 5270, Hobbs, New Mexic		10. Pool name or Wildcat Turdey Track; Bone Spring 60660
		Turdey Track, Bone Spring 60000
4. Well Location		20 foot from the West line
Section 26	<del>-</del>	
Section 20	Township 19S Range 29E  11. Elevation (Show whether DR, RKB, RT, GR,	
2236	3331' GL	eic.)
	99021	· ·
12. Check	Appropriate Box to Indicate Nature of Notice	ce. Report or Other Data
		•
		UBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	<del></del>	<del>_</del>
TEMPORARILY ABANDON ☐ PULL OR ALTER CASING ☐		DRILLING OPNS.☐ P AND A ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
DOWNHOLE COMMINGLE		IENT JOB 💹
OTHER:	OTHER:	
	pleted operations. (Clearly state all pertinent details	
proposed completion or re-	rork). SEE RULE 19.15.7.14 NMAC. For Multiple completion	Completions: Attach wellbore diagram of
proposed completion of re-	completion.	
	•	
	00' MD. Ran 4 ½" 13.5# P110 LT&C csg w/Baker st	taging tools. End of casing @ 12472' MD. Ran
20 stage tools w/20 pkrs & liner har	iger. Top of liner @ 8243' MD	
	•	
		RECEIVED
Sand Date: 02/10/2014	D' D.L. D. (04/12)	APR 16 2014
Spud Date: 03/19/2014	Rig Release Date: 04/13/	14 ARTESIA
	•	NMOCD ARTESIA
I hereby certify that the information	above is true and complete to the best of my knowl	edue and belief
	in a sure and complete to the cost of my known	edge and concr.
	£ + 1	
SIGNATURE	TITLE _Hobbs Regulatory	DATE_04/14/14
Type or print name Jackie Lathan	E-mail address: jlathan@mewbo	ourne.comPHONE: _575-393-5905
For State Use Only	3 man address. Jaman@mewoo	111011E. 273-373-3703
ALL	told A He son.	JICA -lastas
APPROVED BY:	TITLE (ST (1) effect	DATE 5/02/19
Conditions of Approval (if any):	•	