

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

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.

5. Lease Serial No.
NMNM0144698

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		8. Well Name and No. SAVAGE 5 EH FEDERAL 1H
2. Name of Operator MEWBOURNE OIL COMPANY Contact: JACKIE LATHAN E-Mail: jlathan@mewbourne.com		9. API Well No. 30-015-41897-00-X1
3a. Address P O BOX 5270 HOBBS, NM 88241	3b. Phone No. (include area code) Ph: 575-393-5905	10. Field and Pool, or Exploratory WINCHESTER
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 6 T20S R29E SENE 2250FNL 0200FEL 32.603974 N Lat, 104.105937 W Lon		11. County or Parish, and 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 checked="" type="checkbox"/> Other Well Spud
	<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	

13. 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 recomplete 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 recompletion 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.)

02/11/14 TD 17 1/2" hole @ 1110. Ran 1110' of 13 3/8" 48# H40 ST&C csg. Cemented with 500 sks EconoCem HLC w/additives. Mixed @ 12.5 #/g w/2.11 yd. Tail w/200 sks Class C w/2% CaCl2. Mixed @ 14.8 #/g w/1.35 yd. Plug down @ 3:45 PM 02/11/14. Circ 133 sks of cement to pit. WOC. At 12:30 P.M. 02/12/14, tested csg & BOPE to 1250# for 30 minutes, held OK. Mill bit put with 12 1/4" bit.

Chart & schematic attached.

Bond on file: NM1693 nationwide & NMB000919

Accepted for record
APD NMOCD 9-17-2014

NM OIL CONSERVATION
ARTESIA DISTRICT
SEP 17 2014
RECEIVED

ACCEPTED FOR RECORD
SEP 13 2014
[Signature]

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #238579 verified by the BLM Well Information System
For MEWBOURNE OIL COMPANY, sent to the Carlsbad
Committed to AFSS for processing by ANGEL MAYES on 05/02/2014 (14AXM0035SE)

Name (Printed/Typed) JACKIE LATHAN Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission) Date 03/12/2014

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
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 _____

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.

Revisions to Operator-Submitted EC Data for Sundry Notice #238579

	Operator Submitted	BLM Revised (AFMSS)
Sundry Type:	SPUD SR	SPUD SR
Lease:	NMNM0144698	NMNM0144698
Agreement:		
Operator:	MEWBOURNE OIL COMPANY PO BOX 5270 HOBBS, NM 88241 Ph: 575-393-5905	MEWBOURNE OIL COMPANY P O BOX 5270 HOBBS, NM 88241 Ph: 575.393.5905
Admin Contact:	JACKIE LATHAN AUTHORIZED REPRESENTATIVE E-Mail: jlathan@mewbourne.com Ph: 575-393-5905	JACKIE LATHAN AUTHORIZED REPRESENTATIVE E-Mail: jlathan@mewbourne.com Ph: 575-393-5905
Tech Contact:	JACKIE LATHAN AUTHORIZED REPRESENTATIVE E-Mail: jlathan@mewbourne.com Ph: 575-393-5905	JACKIE LATHAN AUTHORIZED REPRESENTATIVE E-Mail: jlathan@mewbourne.com Ph: 575-393-5905
Location:		
State:	NM	NM
County:	EDDY	EDDY
Field/Pool:	WINCHESTER BONE SPRING	WINCHESTER
Well/Facility:	SAVAGE 5 EH FEDERAL 1H Sec 6 T20S R29E SENE 2250FNL 200FEL	SAVAGE 5 EH FEDERAL 1H Sec 6 T20S R29E SENE 2250FNL 0200FEL 32.603974 N Lat, 104.105937 W Lon.

Chevron Use Only

DSM & Rig manager
must be present

MAN WELDING SERVICES, INC

Company Mewbourne Date 2-12-14

Lease SAVAGE SEH Fel #1H County Eddy

Drilling Contractor Patterson 46 Plug & Drill Pipe Size N/A 4 1/2 XH

Accumulator Pressure: 2600 Manifold Pressure: 1650 Annular Pressure: 1450

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. Record remaining pressure 2000 psi. Test Fails if pressure is lower than required.
 - a. {1285 psi for a 1500 psi system} b. {1385 psi for a 2000 psi system} c. {1500 psi for a 3000 system}
 6. If annular is closed, open it at this time and close HCR.

To Check - **PRECHARGE ON BOTTLES OR SPHERICAL** (III.A.2.d.)

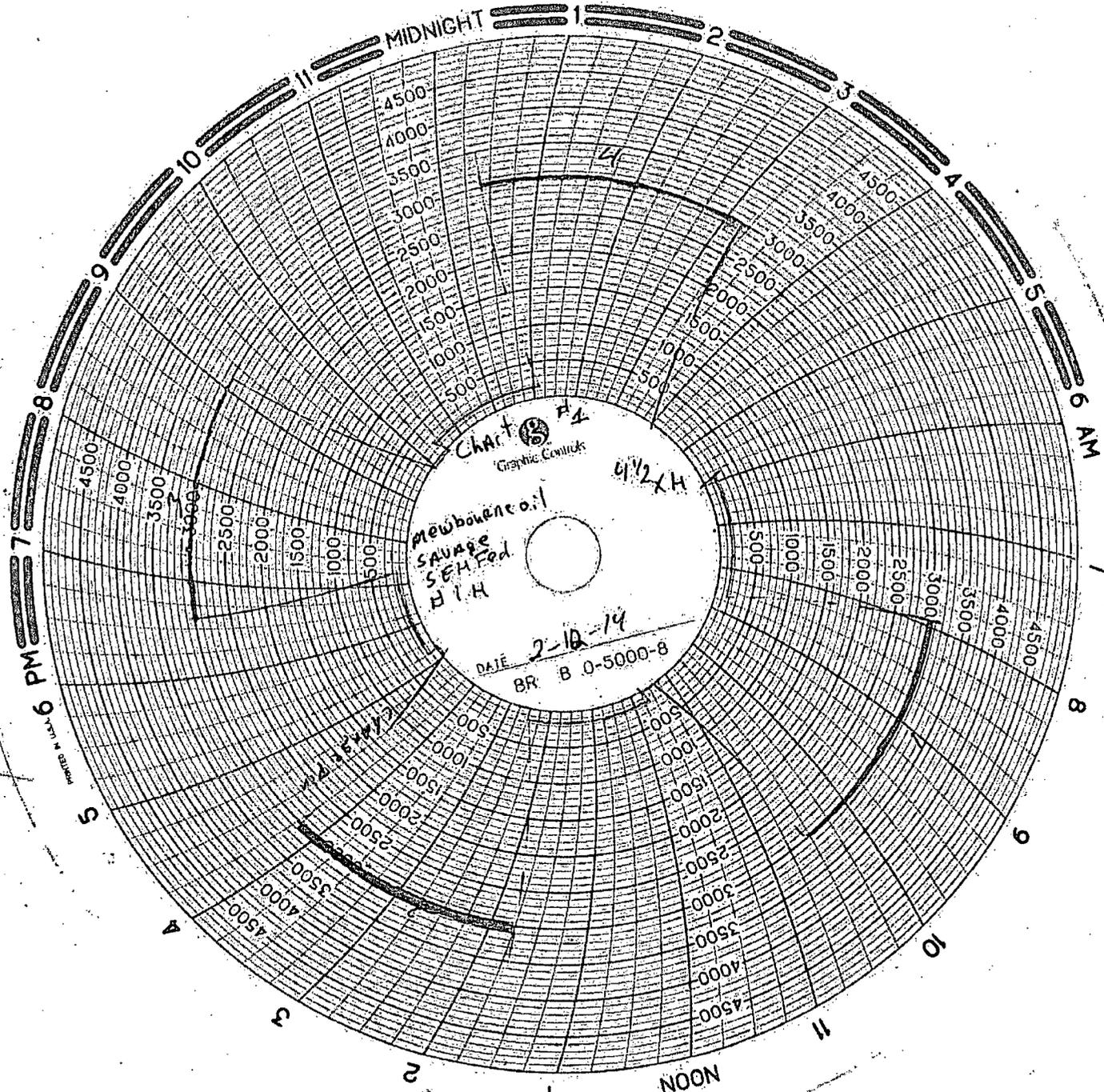
- Start with manifold pressure at or above, maximum acceptable pre-charge pressure:
 - a. {800 psi for a 1500 psi system} b. {1100 psi for 2000 and 3000 psi system}
- 1. Open bleed line to the tank, slowly. (gauge needle will drop at the lowest bottle pressure)
- 2. Close bleed line. Barely bump electric pump and see what pressure the needle jumps up to.
- 3. Record pressure drop 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 45 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}

DSM Signed: _____

Rig Manager Signed _____



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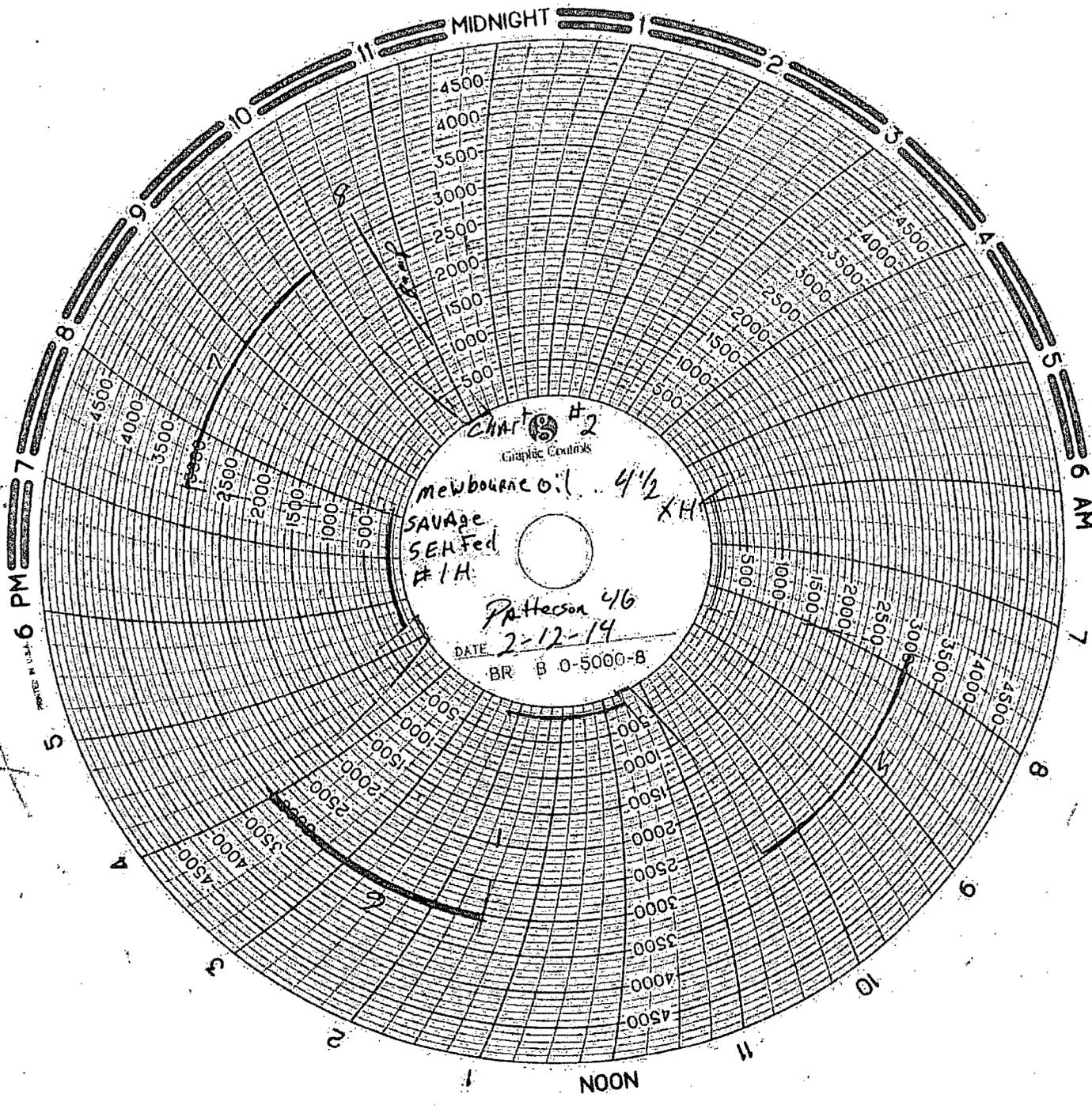
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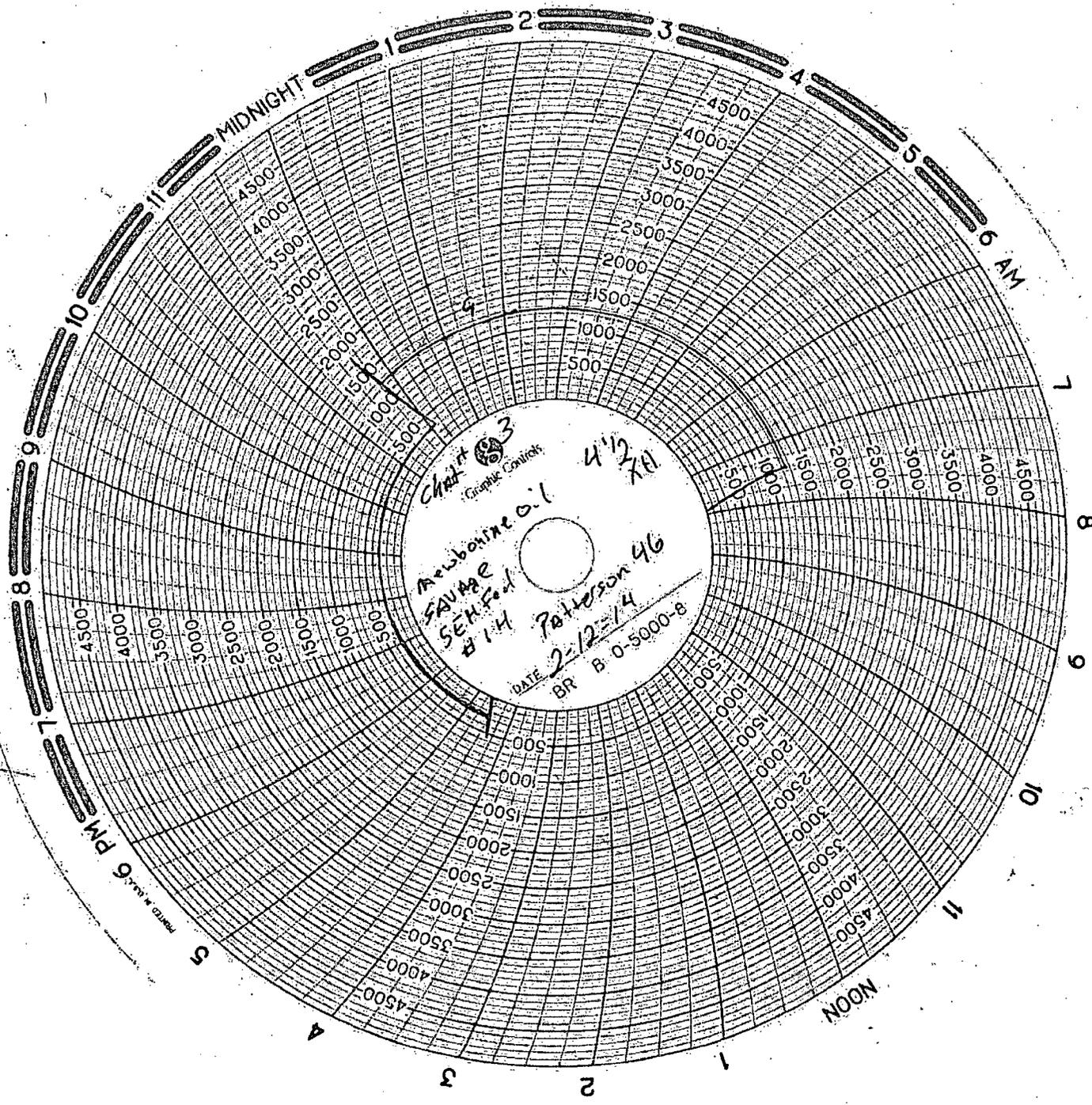


Chart 3
Graphic Control

Newbonite oil
SAVAGE
SEN Feed
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DATE 2-12-14
BR B-0-5000-8

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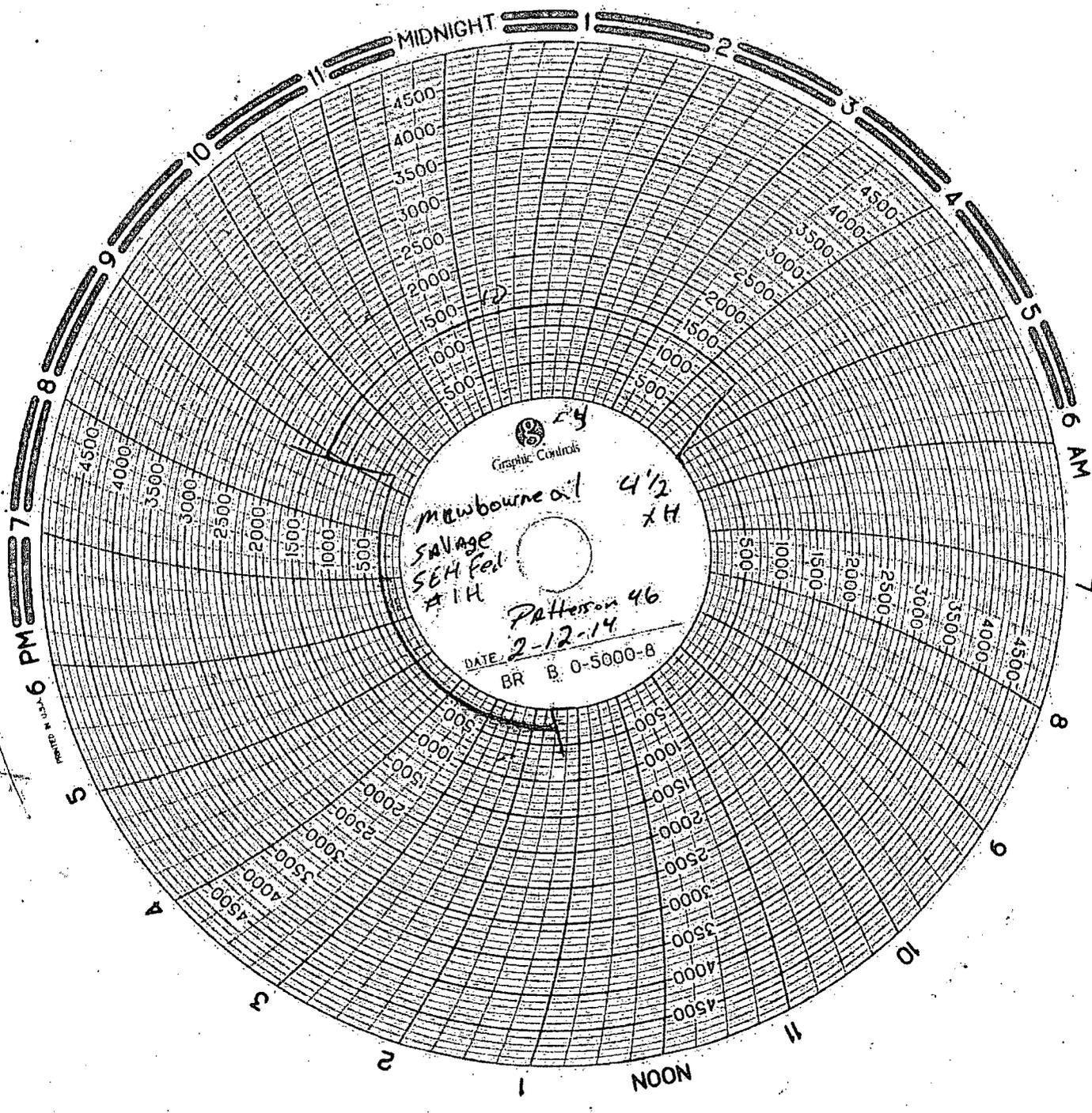
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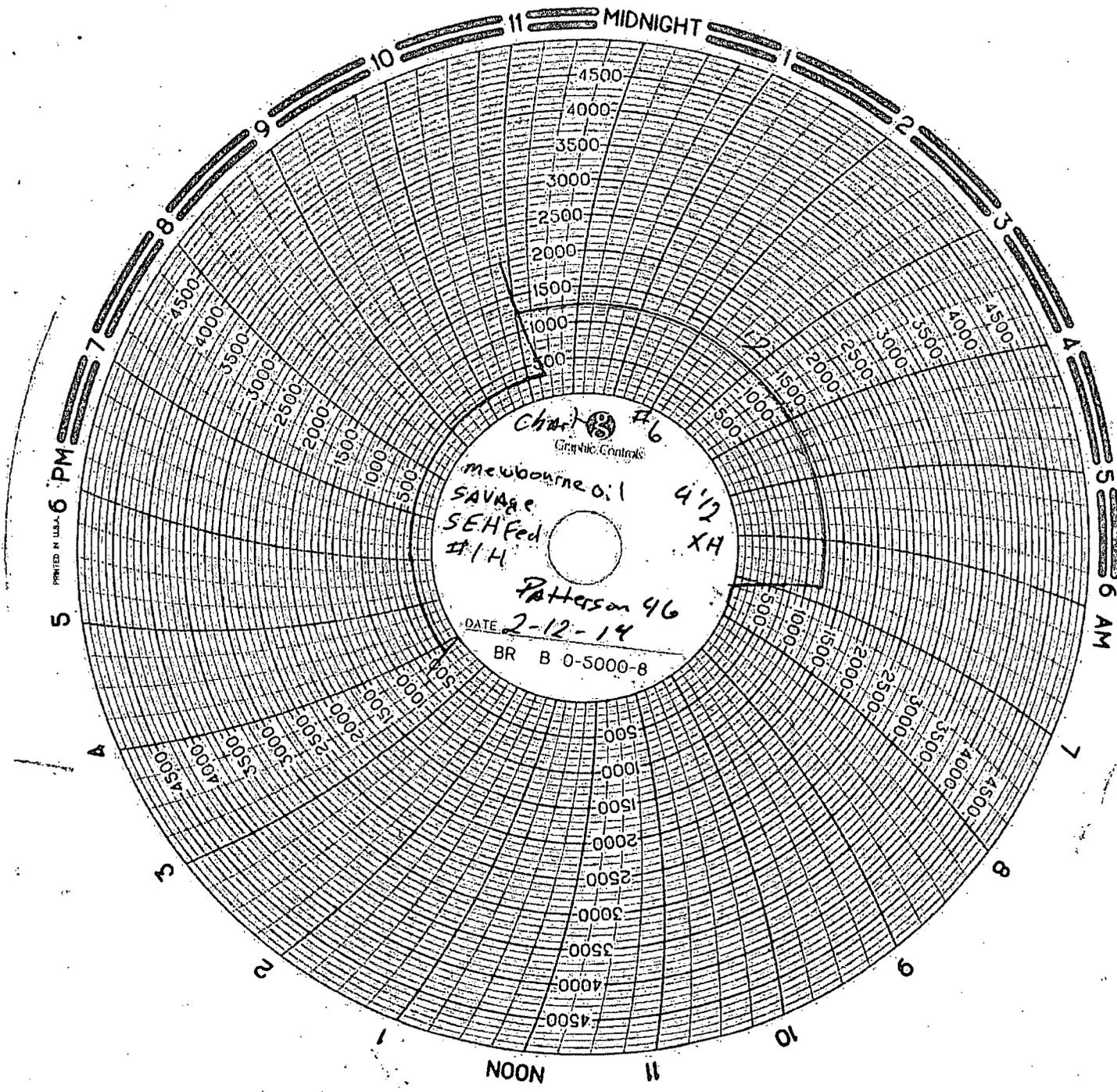
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PRINTED IN U.S.A. 6 PM

Chart #6
Graphic Controls

Melbourne Oil
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#1H
Patterson 46
DATE 2-12-14
BR B 0-5000-8

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