

Submit 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

NM OIL CONSERVATION
 Energy, Minerals and Natural Resources
 APR 09 2015
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-015-42131
2. Name of Operator Mewbourne Oil Company		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator PO Box 5270, Hobbs NM 88241		6. State Oil & Gas Lease No. V-3615 (SL) & V-4231
4. Well Location Unit Letter <u>H</u> : <u>1700</u> feet from the <u>North</u> line and <u>150</u> feet from the <u>East</u> line Section <u>30</u> Township <u>19S</u> Range <u>29E</u> NMPM Eddy County		7. Lease Name or Unit Agreement Name Mirage 30 B2HE State Com
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3310' GL		8. Well Number 1H
		9. OGRID Number 14744
		10. Pool name or Wildcat Parkway; Bone Spring

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Completion Sundry <input checked="" type="checkbox"/>
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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.

03/13/15 Frac 2nd Bone Spring Ports from 8222' MD to 12000 MD in 20 stages w/427,476 gals slickwater, 184,296 gals 20# Linear gel carrying 75,560# 100 mesh, 863,478 gals 20# XL gel carrying 1,631,200# 20/40 white sand & 395,640# 20/40 SB Excel Sand. Flowback well for cleanup.

03/21/15 RIH w/ESP Equipment & 2 7/8" 6.5 L80 tbg to 7540'. Put well on production.

Spud Date: 11/13/14

Rig Release Date: 12/04/14

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 03/23/15

Type or print name Jackie Lathan E-mail address: jlathan@mewbourne.com PHONE: 575-393-5905

For State Use Only

APPROVED BY: [Signature] TITLE Mrs. P. Spewison DATE 4/28/2015
 Conditions of Approval (if any):