

District I - (575) 393-6161
District II - (575) 748-1283
District III - (505) 334-6178
District IV - (505) 476-3460
1220 South St. Francis Dr.
Santa Fe, NM 87505

NM OIL CONSERVATION

Minerals and Natural Resources

MAY 07 2015

RECEIVED

WELL API NO. 30-015-39425
5. Indicate Type of Lease STATE [] FEE [X]
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Delaware Ranch 14 B2BO Fee
8. Well Number 1H
9. OGRID Number 14744
10. Pool name or Wildcat Red Bluff; Bone Spring South 51010
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2970' GL

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 [X] Gas Well [] Other []
2. Name of Operator Mewbourne Oil Company
3. Address of Operator PO Box 5270, Hobbs NM 88241
4. Well Location Unit Letter B : 170 feet from the North line and 1700 feet from the East line Section 14 Township 26S Range 28E NMPM Eddy County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2970' GL

12. 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 COMPL []
DOWNHOLE COMMINGLE []
CLOSED-LOOP SYSTEM []
OTHER: []

SUBSEQUENT REPORT OF:

- REMEDIATION WORK [] ALTERING CASING []
COMMENCE DRILLING OPNS. [] P AND A []
CASING/CEMENT JOB []
OTHER: RIH w/tubing sundry [X]

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.

12/05/14 RIH w/2 7/8" 6.5# L80 tubing and GLV's to 8055'.

Spud Date: 08/23/14

Rig Release Date: 09/14/14

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 04/29/15

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

For State Use Only

APPROVED BY: [Signature] TITLE DATE 5/7/15

Conditions of Approval (if any):