

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NMOCD

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

SUNDRY NOTICES AND REPORTS ON WELLS Artesia
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.
NMNM01165

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

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

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		8. Well Name and No. DERRINGER 18 B3EH FEDERAL 2H
2. Name of Operator MEWBOURNE OIL COMPANY		9. API Well No. 30-015-43578-00-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 Area RUSSELL
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 18 T20S R29E Lot 2 1860FNL 330FWL		11. County or Parish, State EDDY COUNTY, NM

12. CHECK THE 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"/> Hydraulic Fracturing	<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 Drilling Operations
	<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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

02/17/2017 TD 17 1/2" hole @ 1135'. Ran 1135' of 13 3/8" 54.5# J55 ST&C csg. Cmt w/650 sks Class C w/additives. Mixed @ 13.7#/g w/1.66 yd. Tail w/200 sks Class C w/2% CaCl2. Mixed @ 14.8#/g w/1.34 yd. Plug down @ 9:45 P.M. 2/17/17. Circ 186 sks of cmt to the pit. Pumped 20 bbls FW spacer. Tested BOPE to 5000# & Annular to 2500#. Tested standpipe & mud lines to the pumps to 5000#. FIT test to 9.5 PPG EMW. At 1:30 A.M. 02/19/17, tested csg to 1500# for 30 minutes, held OK. Drilled out with 12 1/4" bit.

Charts & Schematic attached.

*Accepted for record - NMOCD
BC 4-5-17*

**NM OIL CONSERVATION
ARTESIA DISTRICT
APR 04 2017**

RECEIVED

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #367740 verified by the BLM Well Information System
For MEWBOURNE OIL COMPANY, sent to the Carlsbad
Committed to AFMSS for processing by PRISCILLA PEREZ on 02/24/2017 (17PP0226SE)**

Name (Printed/Typed) RUBY CABALLERO	Title CLERK
Signature (Electronic Submission)	Date 02/21/2017

ACCEPTED FOR RECORD
MAR 10 2017
**BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE**

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

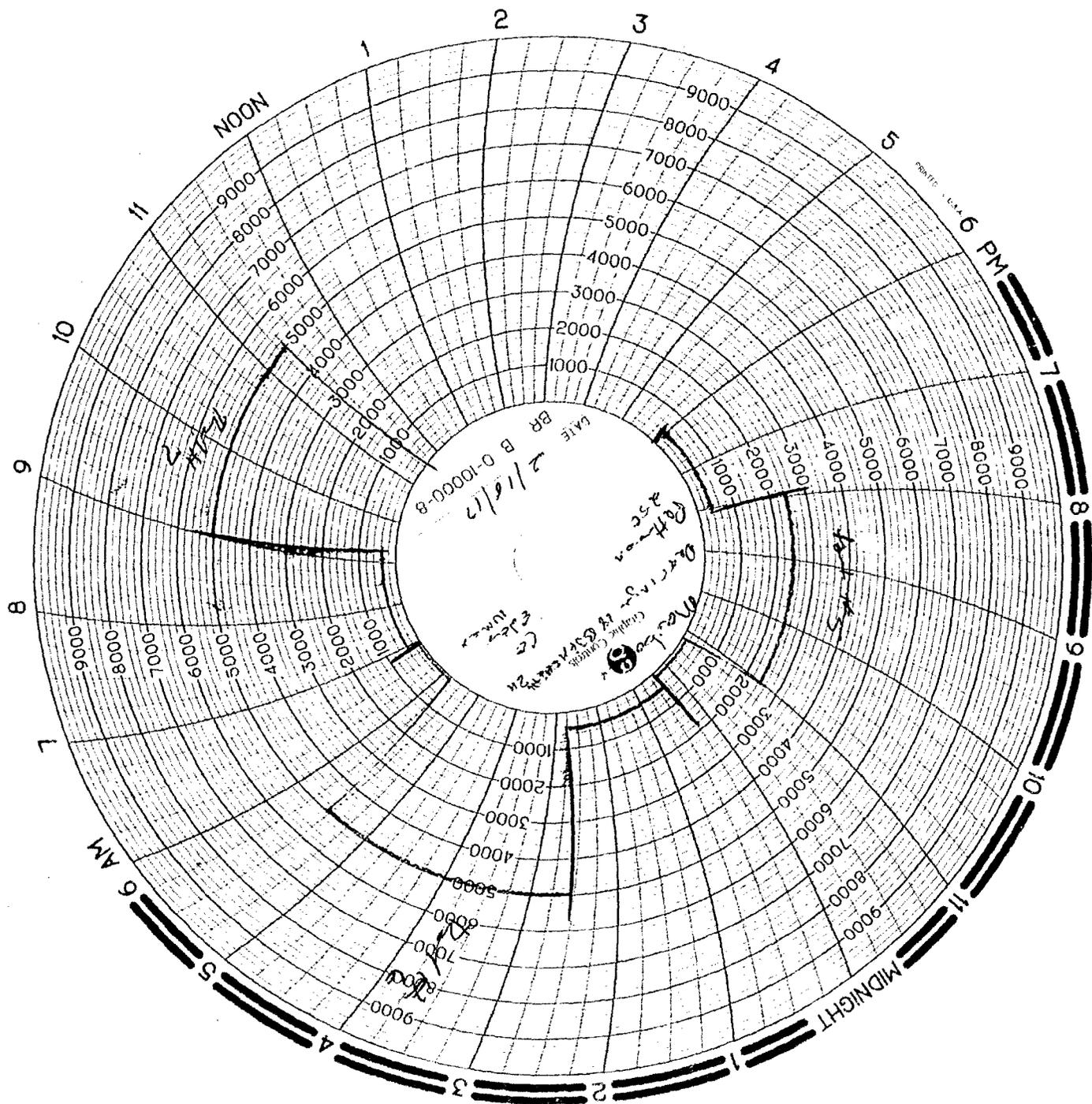
Approved By _____	Title _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	
Office _____	

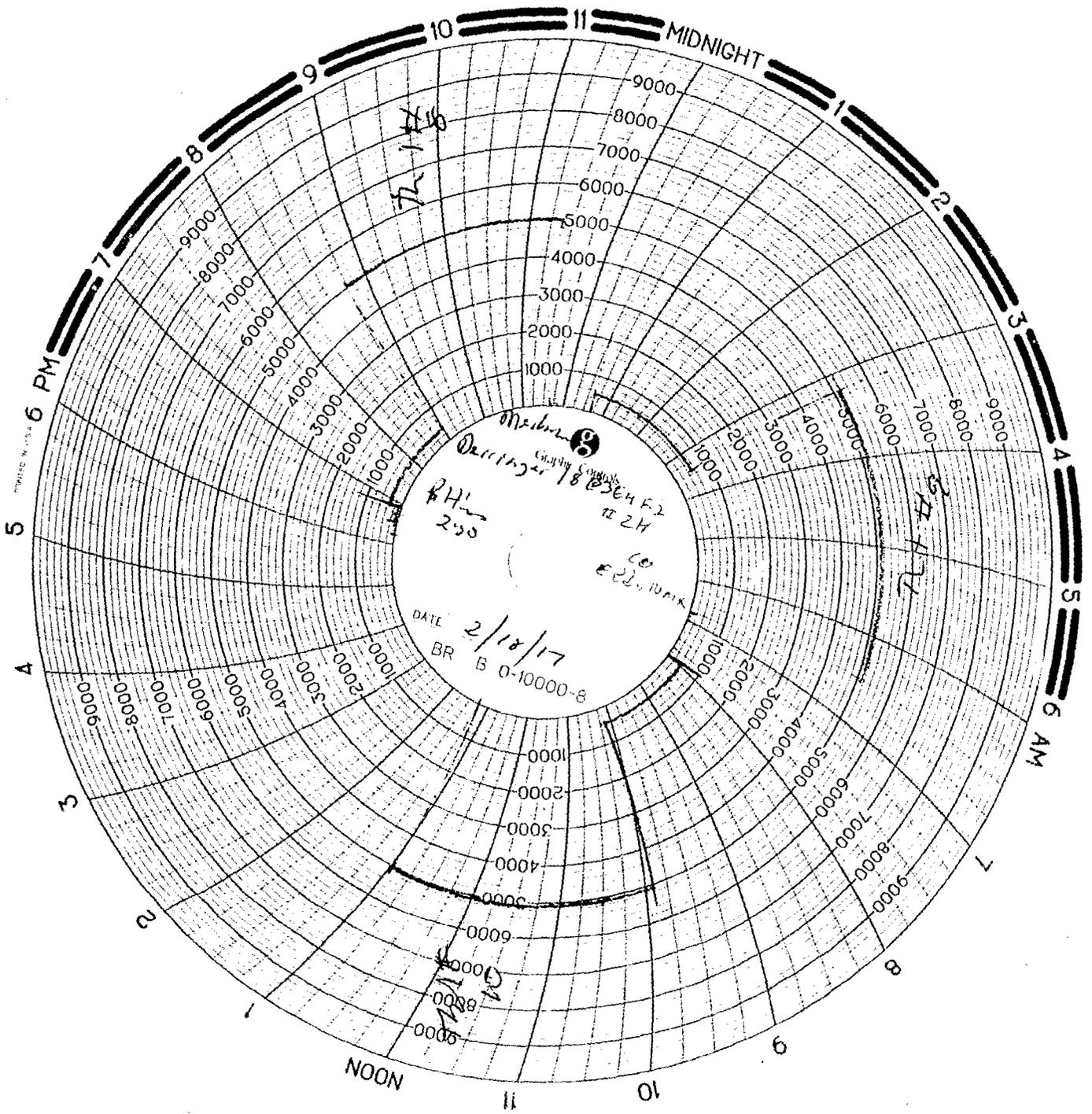
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Additional data for EC transaction #367740 that would not fit on the form

32. Additional remarks, continued

Bond on file: NM1693 nationwide & NMB000919





MAN WELDING SERVICES, INC

Company Manhattan Date 2/14/11

Lease Delaware R.B. 11/11/08 County Weld, CO

Drilling Contractor Patterson Plug & Drill Pipe Size 2 1/2" x 100'

Accumulator Pressure: 3000 psi Manifold Pressure: 1500 psi Annular Pressure: 1500 psi

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. For 3 ram stacks, open the annular to achieve the 50+ % safety factor. (5M and greater systems).
 6. **Record remaining pressure 1400 psi. Test Fails if pressure is lower than required.**
 - a. {950 psi for a 1500 psi system}
 - b. {1200 psi for a 2000 & 3000 psi system }
 7. 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 925 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 1:14. 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}

