Submit 1 Copy To Appropriate District	State of New Mexico			Form C-103
Office	Energy, Minerals and Natural Resources		Revised July 18, 2013	
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		WELL API NO.	
<u>District II</u> - (575) 748-1283			30-015-43845	
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178			5. Indicate Type	of Lease
$\frac{DS(RCC M}{1000} = (303) \frac{354-0178}{354-0178}$ 1000 Rio Brazos Rd., Aztec, NM 87410			STATE	🗌 FEE 🛛
District IV - (505) 476-3460			6. State Oil & G	as Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505				
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name of	or Unit Agreement Name	
(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		TO A	Journey 12 W2M	÷
		8. Well Number		
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🛛 Other			
2. Name of Operator			9. OGRID Numl	per 14744
Mewbourne Oil Company				
3. Address of Operator			10. Pool name or Wildcat	
PO Box 5270, Hobbs NM 88241			Purple Sage Wolfc	amp, (98220)
4. Well Location			<u> </u>	
	:_270feet from theSouth line at	nd 200	feet from the	West line
Section 12	Township 24S Range		leet nom the NMPM	Eddy County
Section 12	11. Elevation (Show whether DR, RKB, R			Eddy County
	2975' GL	i, GA, etc.)		
of starting any proposed we proposed completion or rec 03/31/2017 Frac Wolfcamp from 1	PLUG AND ABANDON REMEI CHANGE PLANS COMM MULTIPLE COMPL COMM CASING OTHEF bleted operations. (Clearly state all pertinent brk). SEE RULE 19.15.7.14 NMAC. For M completion. 0960' MD to 15201 MD 927 holes, .39" EHI Mesh, 3,436,099# 40/70 white sand. Flowba	DIAL WORK ENCE DRIL G/CEMENT R: Complete details, and ultiple Com D, 120 deg j	LING OPNS.	ALTERING CASING P AND A
We are asking for an exemption from tubing at this time.			2	ARTESIA DISTRICT
	<b>N N N N</b>	00/10/200	-	APR <b>26</b> 2017
Spud Date: 01/22/2017	Rig Release Date	02/17/201	17	
				RECEIVED
I hereby certify that the information	above is true and complete to the best of my	knowledge	and belief.	
SIGNATURE Other TITLE_RegulatoryDATE04/19/2017				
Type or print name _Jackie Lathan_	E-mail address: jlathan@			
For State Use Only		-		
APPROVED BY: Conditions of Approval (1 any):	de Jodnig HITLE Greelogi	st	DA	ATE 4/27/17