

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**NMOCD**  
**Artesia**

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

**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.  
NMNM11038

6. If Indian, Allottee or Tribe Name

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

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

8. Well Name and No.  
FULLER 14/23 W2IP FED 4H

9. API Well No.  
30-015-44453

10. Field and Pool or Exploratory Area  
PURPLE SAGE WOLFCAMP GAS

11. County or Parish, State  
EDDY COUNTY, NM

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
MEWBOURNE OIL COMPANY  
Contact: JACKIE LATHAN  
E-Mail: jlathan@mewbourne.com

3a. Address  
PO BOX 5270  
HOBBS, NM 88241  
3b. Phone No. (include area code)  
Ph: 575-393-5905

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 14 T26S R29E Mer NMP SENE 2500FNL 350FEL

**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 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 recomple 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 recomple 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.

10/26/17...Spud 17 1/2" hole. TD'd hole @ 591'. Ran 581' of 13 3/8" 54.5# J55 ST&C csg. Cemented with 180 sks Class C w/1% CaCl2. Mixed @ 14.4 #/g w/ 1.60 yd. Tail w/600 sks Class C w/2% CaCl2. Mixed @ 14.8 #/g w/1.34 yd. Displaced w/83 bbls FW. Plug down @ 10:00 A.M. 10/27/17. Did not circ cmt. Slow rate lift pressure 420# @ 4BPM. Ran temp surv indicating TOC @ 148?. PU with 1? pipe. Tag @ 148?. Ran 1? pipe in 3 stages with 172 sks Class C w/4% CaCl2. Mixed @ 14.4 #/g w/1.60 yd. Circ 7 sks of cmt to the cellar.  
Tested BOPE to 5000# & Annular to 2500#. Tested standpipe & mud lines to the pumps to 5000#. At 11:00 P.M. 10/28/17, tested csg to 1500# for 30 minutes, held OK. Drilled out with 12 1/4" bit. FIT test to EMW of 10.5 PPG.

*3 verbal?*

Chart & Schematic attached.

*BC 12-5-17*  
**Accepted for record - NMOCD**

**NM OIL CONSERVATION**  
ARTESIA DISTRICT  
DEC 05 2017

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

Electronic Submission #395483 verified by the BLM Well Information System  
For MEWBOURNE OIL COMPANY, sent to the Carlsbad  
Committed to AFMSS for processing by JENNIFER SANCHEZ on 11/21/2017 ( )

Name (Printed/Typed) JACKIE LATHAN

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 11/20/2017

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

**ACCEPTED FOR RECORD**  
NOV 27 2017  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

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.

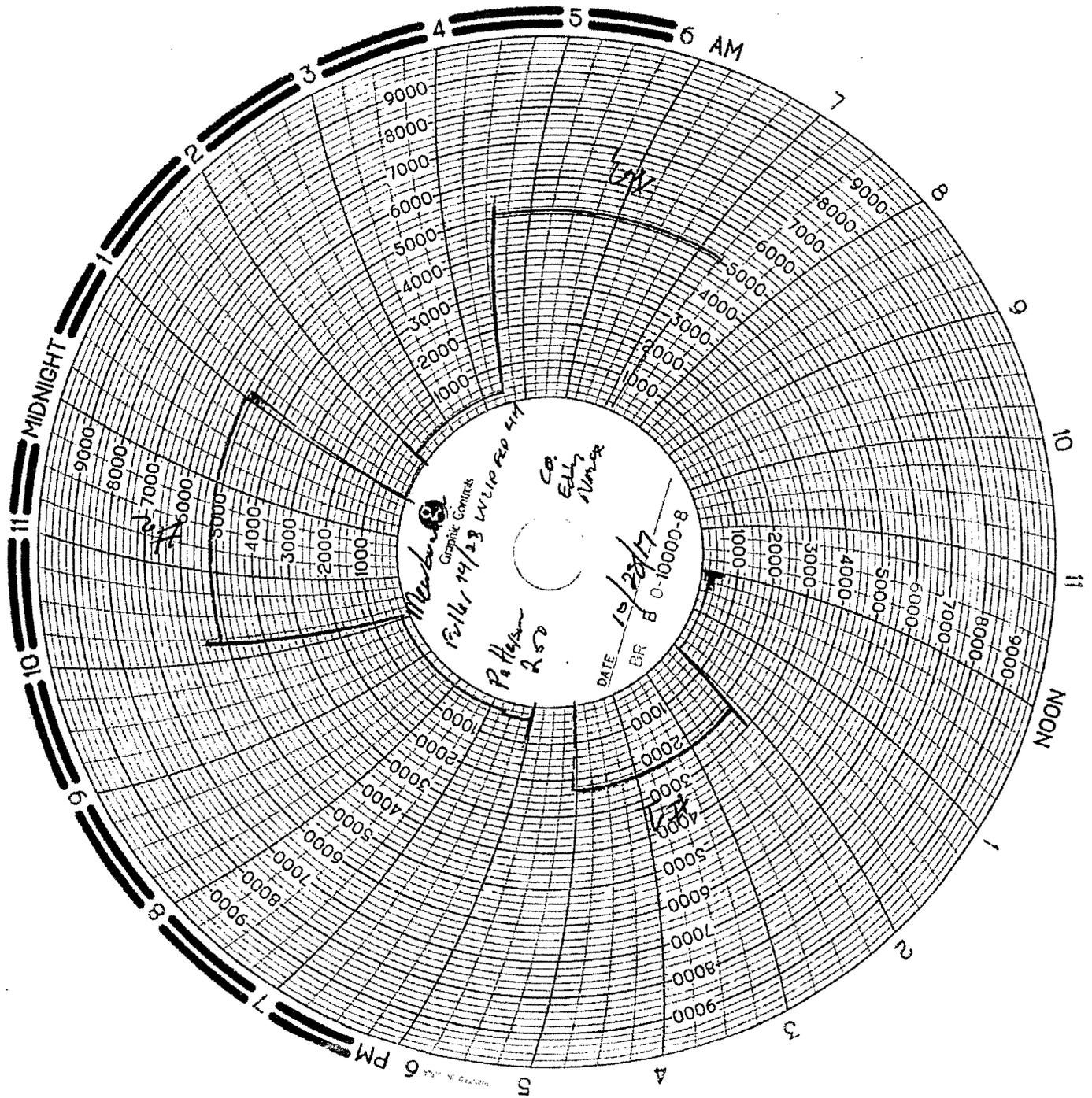
(Instructions on page 2)

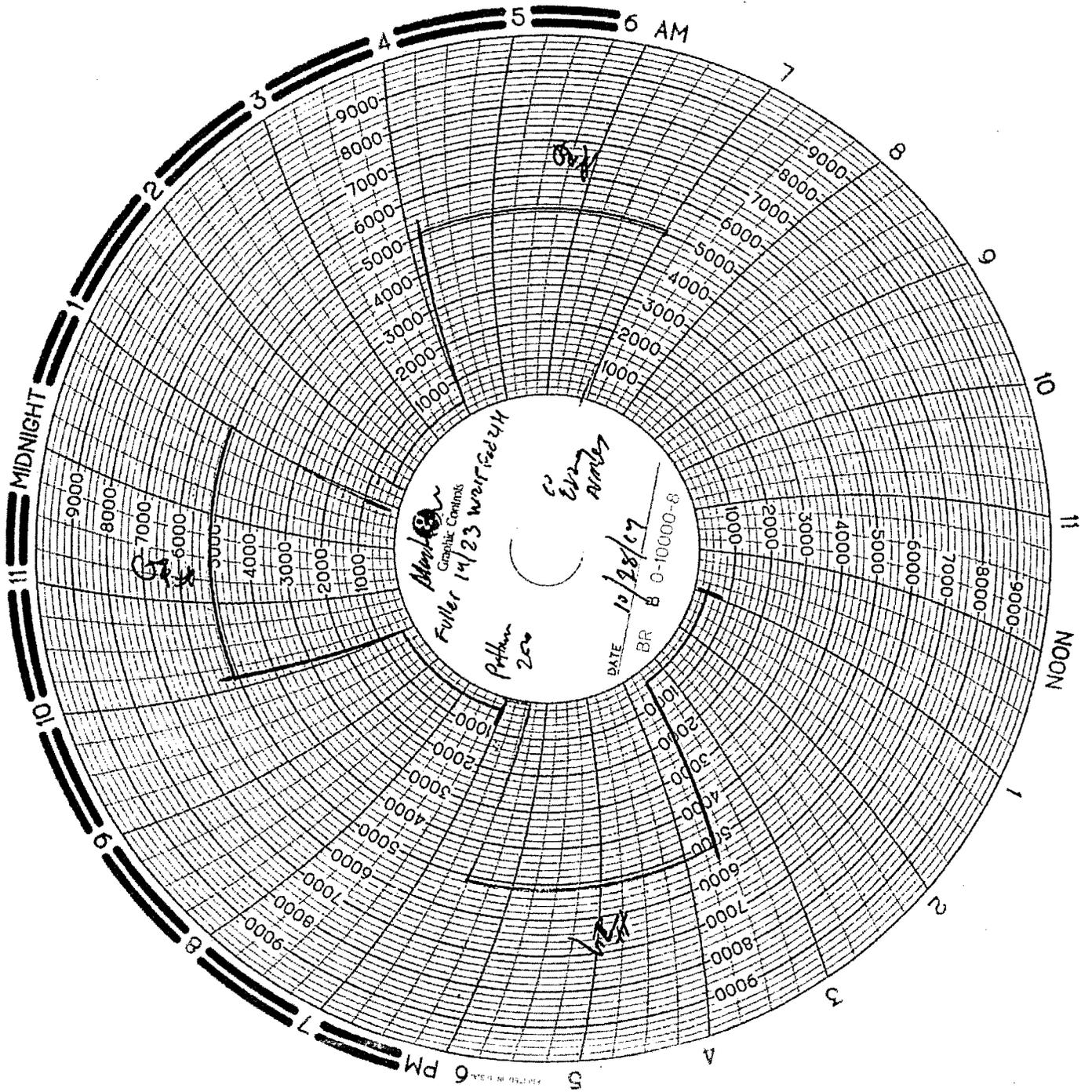
**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

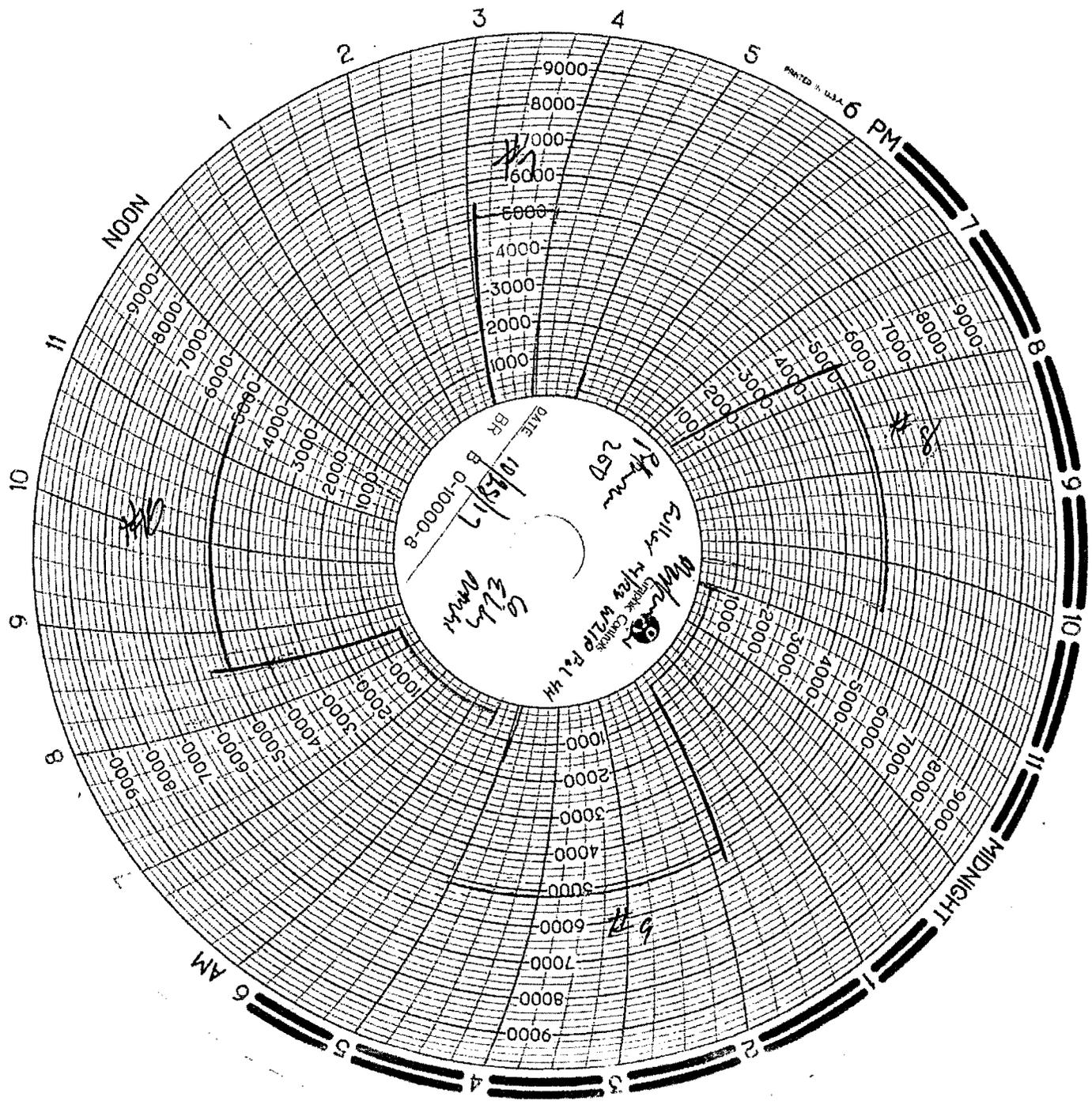
**Additional data for EC transaction #395483 that would not fit on the form**

**32. Additional remarks, continued**

Bond on file: NM1693 nationwide & NMB000919







DATE 10/25/17  
BR B 0-10000-8  
6:10 AM  
OK  
M  
S  
MIDNIGHT  
9  
10  
11  
NOON  
1  
2  
3  
4  
5  
6 PM  
7  
8  
9  
10  
11



# MAN WELDING SERVICES, INC

Company Manhatten Date 10/28/17  
Lease Fuller 1-1/2" WSP F-2 # 411 County Edin, N.C.  
Drilling Contractor D.H. ... Plug & Drill Pipe Size 4 1/2" ... XT 53  
Accumulator Pressure: 3000 Manifold Pressure: 1700 Annular Pressure: 900

## 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 1600 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 1000 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 52 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}



# MAN WELDING SERVICES

WELDING • BOP TESTING  
 NIPPLE UP SERVICE • BOP LIFTS • TANDEM  
 MUD AND GAS SEPARATORS  
 Lovington, NM • 575-396-4540

Pg. \_\_\_\_\_ of \_\_\_\_\_

Company: Newborn Date: 10/28/17 Invoice # R-20155

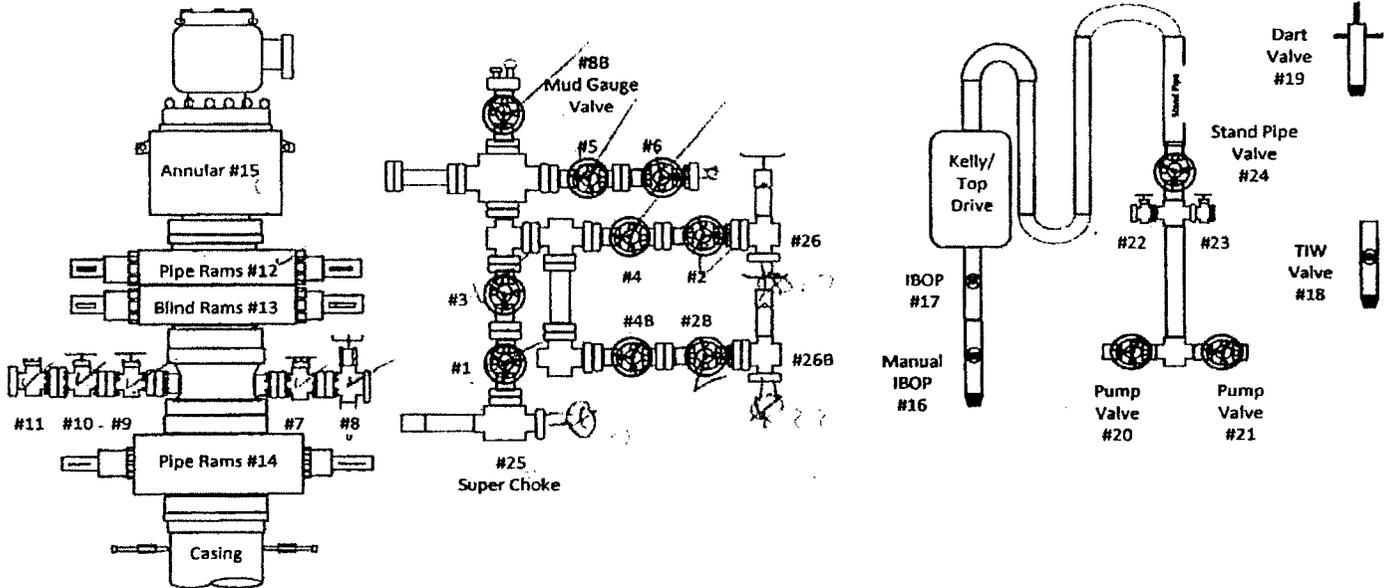
Lease: Fulla 14/23 W21P Fee # 441 Drilling Contractor: Patterson Rig # 250

Plug Size & Type: \_\_\_\_\_ Drill Pipe Size 4 1/2" x 11.75 Tester: Luc Labadie

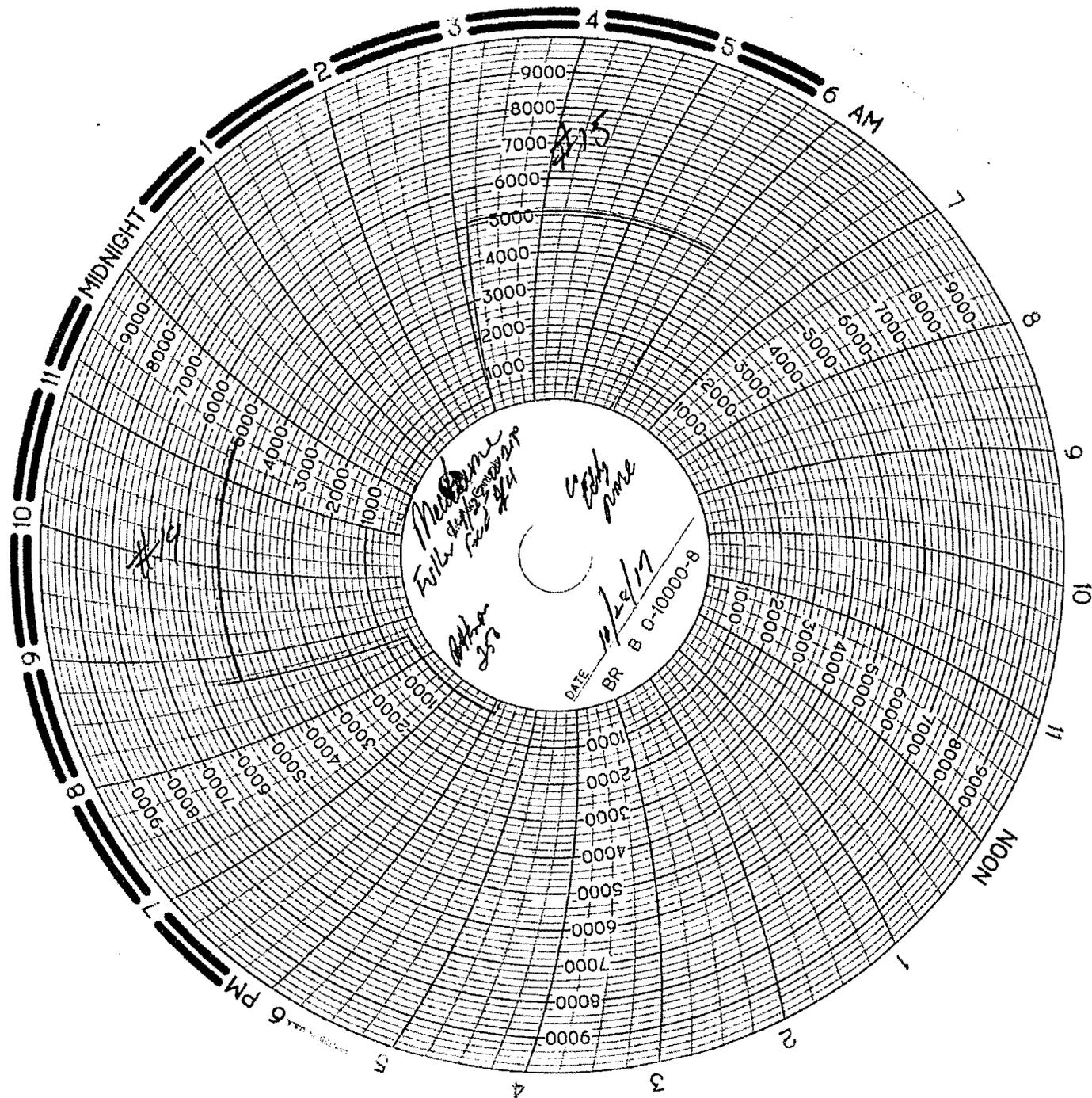
Required BOP: \_\_\_\_\_ Installed BOP: 12

\*Appropriate Casing Valve Must Be Open During BOP Test \*

\* Check Valve Must Be Open/Disabled To Test Kill Line Valves \*



TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1	15, 9, 7	10/10	250	2500	Pass
2	12, 9, 7	10/10	250	5000	Pass
3	12, 10, 8	10/10	250	5000	Pass
4	12, 11, 5, 3, 4, 26	10/10	250	5000	Pass
5	12, 1, 11, 2, 6, 26	10/10	250	5000	Pass
6	14	10/10	250	5000	Pass
7	12, 11, 26, 26B, 25, 6	10/10	250	5000	Pass
8	13, 11, 27, 28, 29, 6	10/10	250	5000	Pass
9	20, 21, 22, 23	10/10	250	5000	Pass
10	24	10/10	250	5000	Pass
11	17	10/10	250	5000	Pass
12	16	10/10	250	5000	Pass
13	TIW XT39	10/10	250	5000	Pass
14	DART XT39	10/10	250	5000	Pass
15	DART 4 1/2" IF	10/10	250	5000	Pass



*Mudstone*  
*Fisher*  
*DATE 11/2/17*  
*BR B 0-10000-8*

*DATE 11/2/17*  
*BR B 0-10000-8*

*7000*  
*8000*  
*9000*

*11*

*DATE*  
*BR B 0-10000-8*

