

Submit 1 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

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. 30-015-44263
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Fleetwood 36/25 W0ML State Com
8. Well Number 3H
9. OGRID Number 14744
10. Pool name or Wildcat Purple Sage; Wolfcamp, (Gas)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2944' 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  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   M  :185    feet from the   South   line and   750   feet from the   West   line  
 Section   36   Township   24S   Range   28E   NMPM Eddy County

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

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

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.

09/04/18

TD'ed 8 3/4" hole @ 9940'. Ran 9925' of 7" 29# HCP110 LT&C Csg. Cemented lead w/300 sks Class C w/additives. Mixed @ 10.0#/g w/3.20 yd. Tail w/400 sks Class H w/additives. Mixed @ 14.2#/g w/1.26 yd. Displaced w/367 bbls OBM. Plug down @ 3:45 PM 09/05/18. Did not circ cmt. EST TOC @ 2320'. Slow rate lift pressure @ 280 psi @ 3 BPM. At 7:00 AM 09/06/18, tested csg to 1500# 30 mins, held OK. FIT test to 12.5 PPG EMW. Drilled out with 6 1/8" bit.

RECEIVED

Spud Date: 08/26/2018

Rig Release Date:

SEP 26 2018

I hereby certify that the information above is true and complete to the best of my knowledge and belief. DISTRICT II-ARTESIA O.C.D.

SIGNATURE Ruby Caballer TITLE Regulatory DATE 09/24/2018

Type or print name Ruby Caballero E-mail address: rcaballero@mewbourne.com PHONE: 575-393-5905

For State Use Only

APPROVED BY: Rusty Klein TITLE Business Ops Sr CA DATE 9-27-18

Conditions of Approval (if any):