

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**Carlsbad Field Office**  
**OCED Artesia**

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

Lease Serial No.  
NMNM27919

**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.*

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.  
QUEEN 23 24 WOJI FEDERAL COM 2H

9. API Well No.  
30-015-46090-00-X1

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  
P O 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 23 T24S R28E NESW 2250FSL 2150FWL  
32.202129 N Lat, 104.059937 W Lon

**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 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.

08/09/19  
Spud 17 1/2" hole. TD @ 395'. Ran 377' of 13 3/8" 54.5# J55 ST&C Csg. Cemented with 225 sks Class C w/additives. Mixed @ 12.0#/g w/2.51 yd. Displaced w/52 bbls FW. Plug down @ 2:30 PM 08/09/19. Circ 89 sks of cmt to the pit. Test BOPE to 5000# & Annular to 3500#. At 5:45 P.M. 08/10/19, tested csg to 1500# for 30 mins, held OK. FIT test to 10.0 EMW. Drilled out with 12 1/4" bit.

Charts & Schematic attached.

Bond on file: NM1693 nationwide & NMB000919

GC 10/11/19  
Accepted for record NMOCD

NM OIL CONSERVATION  
ARTESIA DISTRICT

SEP 23 2019

RECEIVED

MS

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

Electronic Submission #479641 verified by the BLM Well Information System  
For MEWBOURNE OIL COMPANY, sent to the Carlsbad  
Committed to AFMSS for processing by PRISCILLA PEREZ on 08/22/2019 (19PP3036SE)

Name (Printed/Typed) JACKIE LATHAN

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 08/21/2019

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

Approved By \_\_\_\_\_

Title Accepted for Record

AUG 22 2019  
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 Jonathon Shepard  
Carlsbad Field 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)

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***

# MAN WELDING SERVICES, INC

Company Mowbraine Date 8-10-19  
Lease Queen 2 3/4 WOSI Fedland County Eddy County  
Drilling Contractor Patterson 564 Plug & Drill Pipe Size 12" c22 - 4 1/2" F  
Accumulator Pressure: 3000 Manifold Pressure: 1500 Annular Pressure: 1200

## 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.

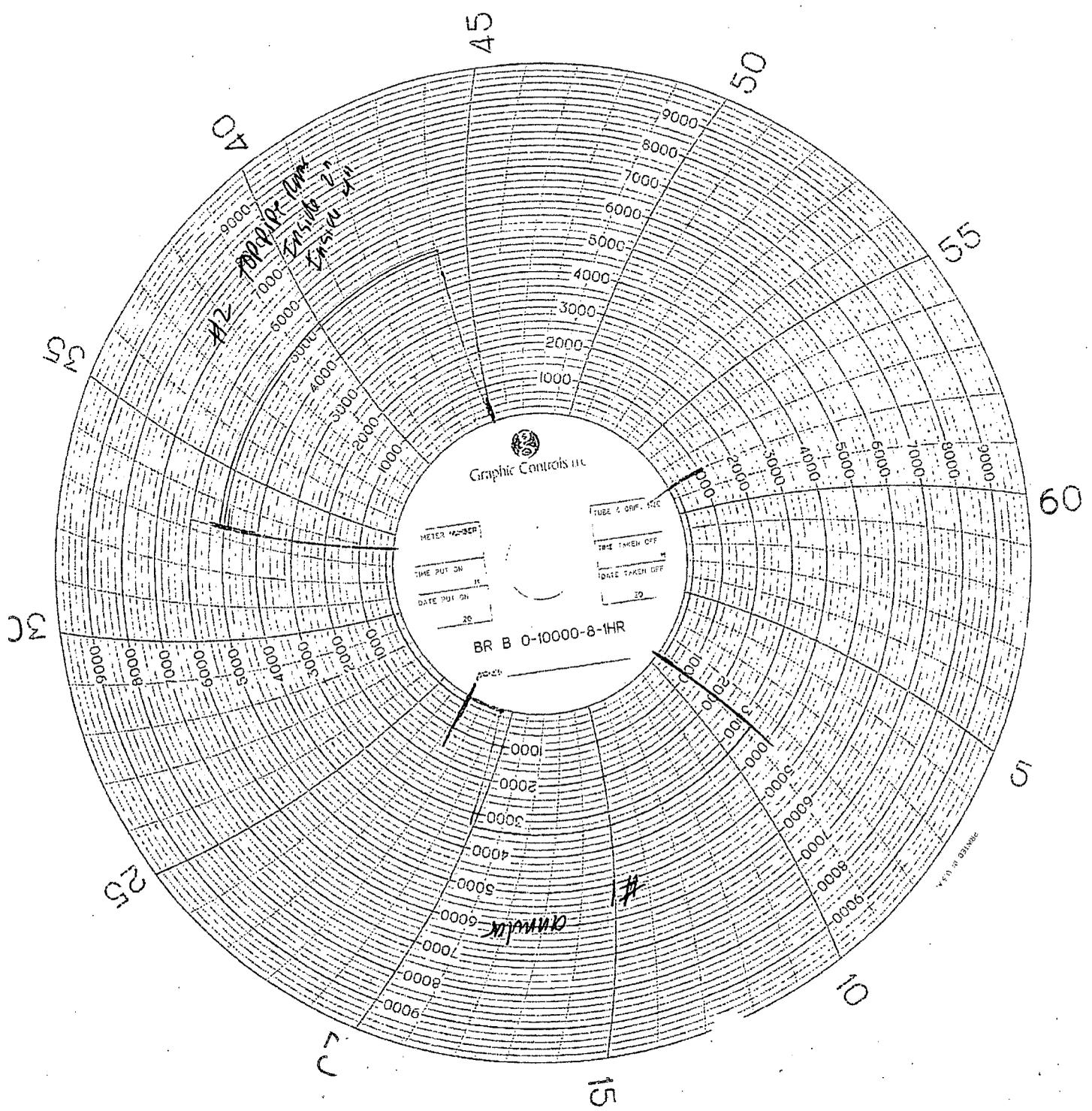
To Check - PRECHARGE ON BOTTLES OR SPHERICAL (III.A.2.d.)

- ⊙ 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 1:39.12. 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}





45

50

55

60

15

10

15

20

25

30

35

40

METER NUMBER  
 TIME PUT ON  
 DATE PUT ON

TUBE & ORIF. SIZE  
 TIME TAKEN OFF  
 DATE TAKEN OFF

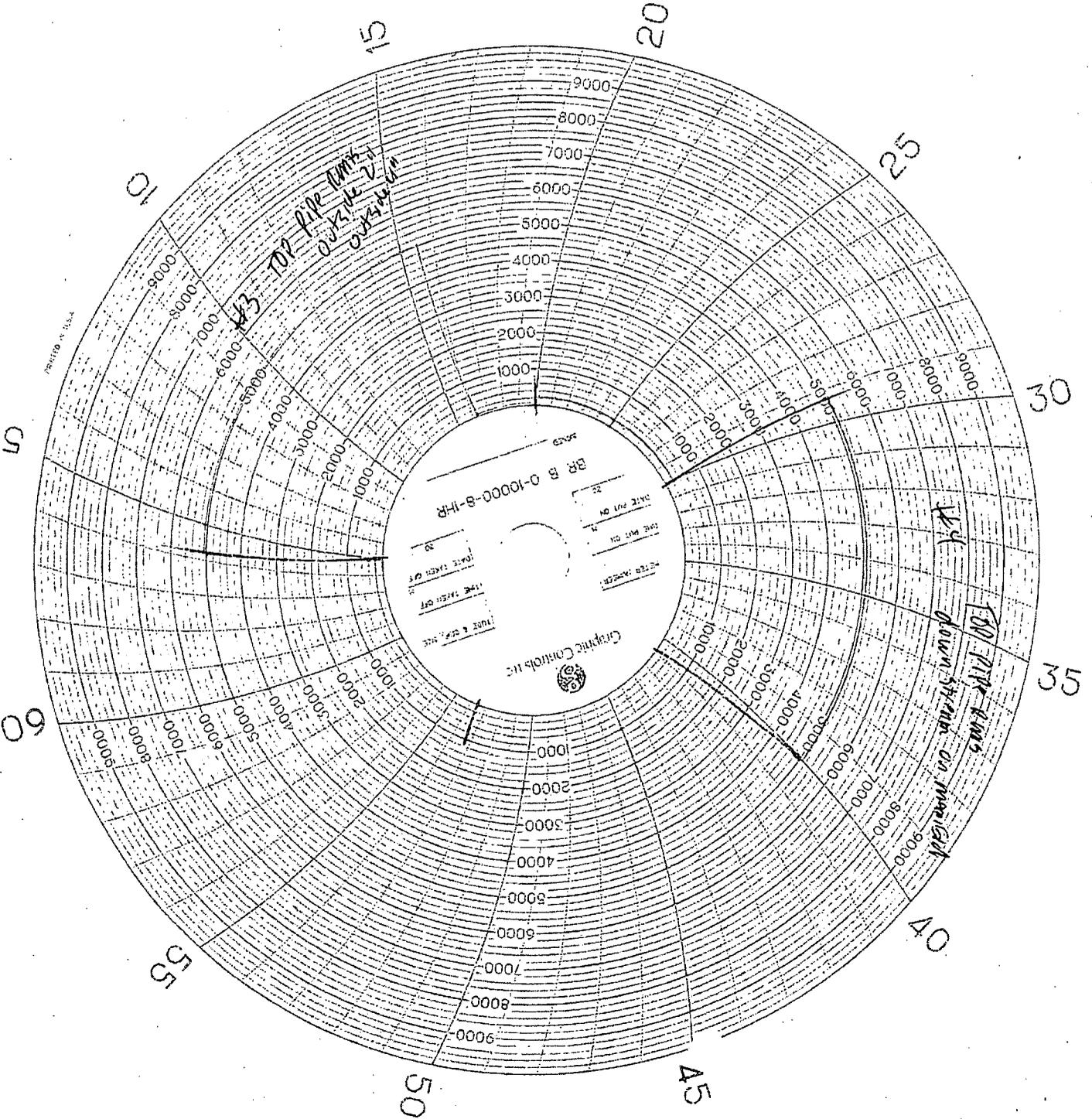
Graphic Controls Inc.

BR B 0-10000-8-1HR

#12  
 700-0-1000-0-1HR  
 10000-0-10000-0-1HR

#1  
 10000-0-10000-0-1HR

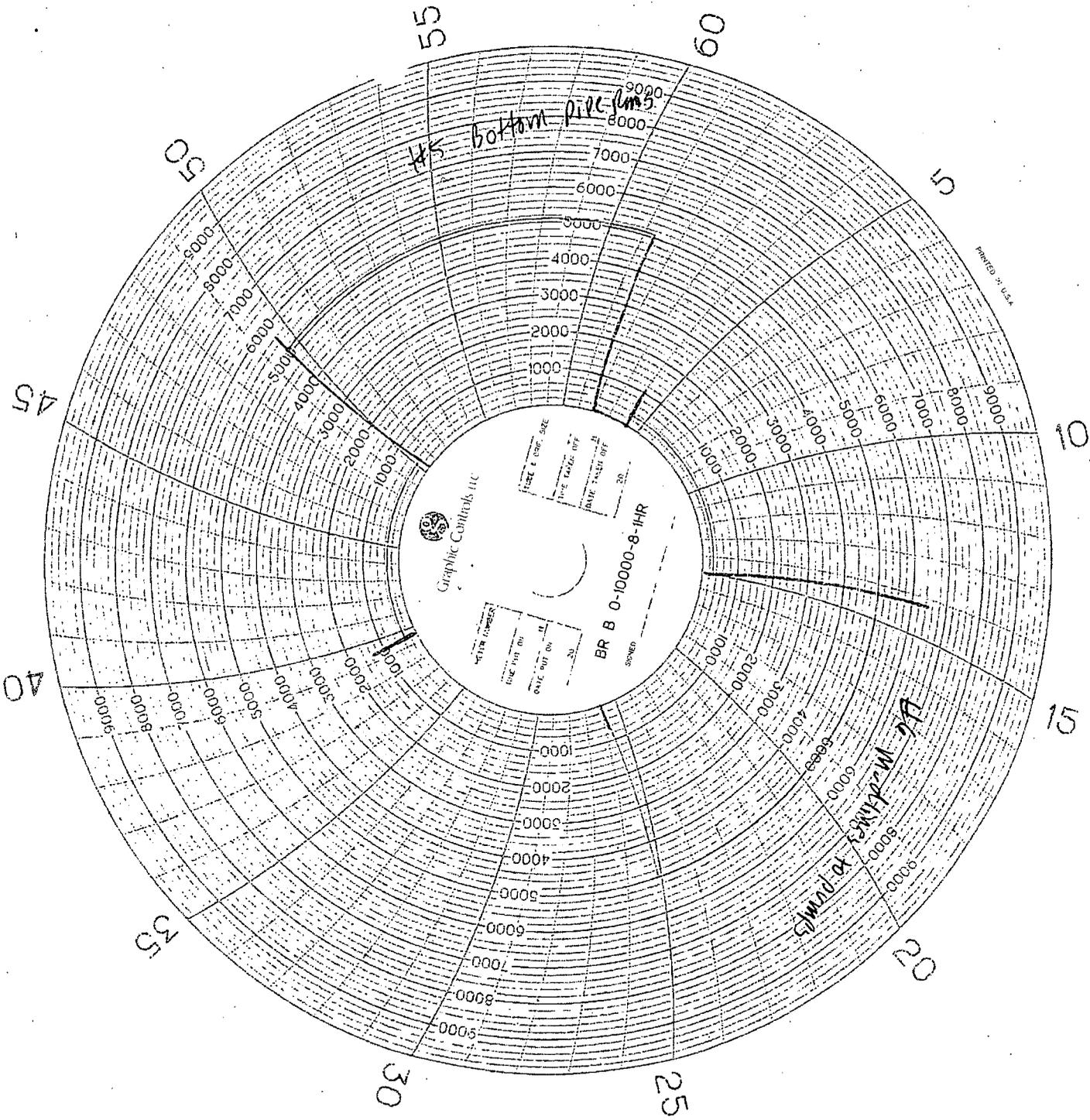
MADE IN DENMARK



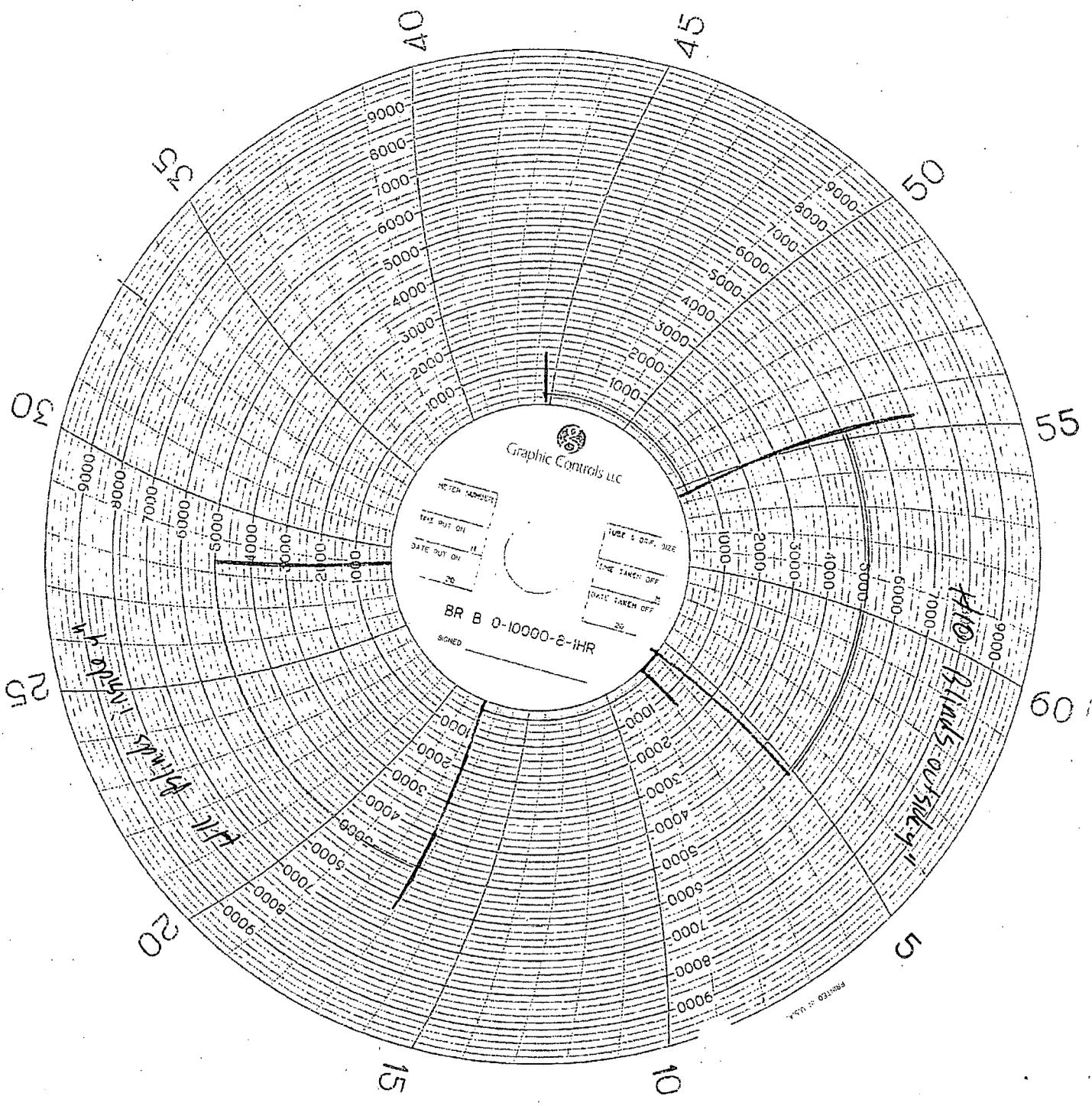
BR B 0-10000-8-11-R  
 DATE PUT ON  
 DATE PUT OFF  
 DATE TAKEN OFF  
 TIME TAKEN OFF  
 TIME & DATE  
 ORDER NUMBER  
 PART NO.



PRINTED IN U.S.A.







Graphic Controls Inc

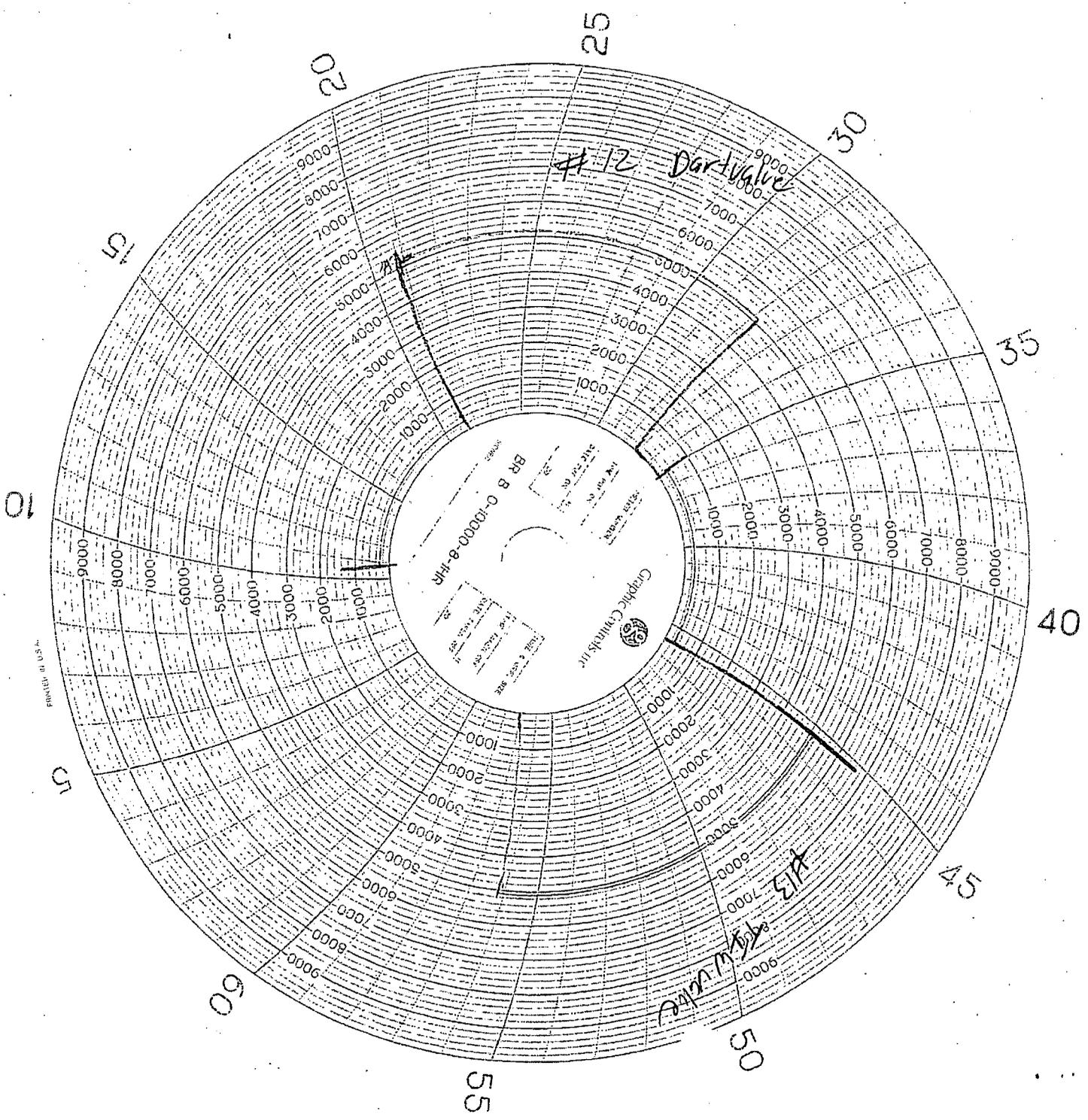
BR B 0-10000-E-1HR

NETEN ADDRESS  
 TAX PUT ON  
 DATE PUT ON

TUBE & OUF. SIZE  
 TIME TAKEN OFF  
 DATE TAKEN OFF

SIGNED

PRINTED IN U.S.A.



PRINTED IN U.S.A.