		i	
Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103
Office <u>District I</u> ~ (575) 393-6161	Energy, Minerals and Natural Reso	urces	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.
<u>District II</u> – (575) 748-1283	OIL CONSERVATION DIVIS	HON	30-015-44887
District III - (505) 334-6178 1220 South St. Francis Dr.			5. Indicate Type of Lease
			STATE FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM			
87505	CES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO			Creedence 21/16 W1ED St Com
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			8. Well Number 1H
PROPOSALS.) 1 Type of Well: Oil Well Gas Well Other			6. Well Number 111
1. Type of them on them out them		1	9. OGRID Number
2. Name of Operator Mewbourne Oil Company			14744
3. Address of Operator			10. Pool name or Wildcat
PO Box 5270, Hobbs NM 88240			Purple Sage Wolfcamp (gas)
4. Well Location	\simeq		C + C + 1 - W + 1 - 1 - 2
	feet from the North line a		feet from the _Westline
Section 21	Township 24S Range 2		NMPM Eddy County
	11. Elevation (Show whether DR, RKB, R	T, GR, etc.,	
	3037' GL		
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: 13. Describe proposed or complete of starting any proposed wo proposed completion or recent	PLUG AND ABANDON REME CHANGE PLANS COMM MULTIPLE COMPL OTHER leted operations. (Clearly state all pertinent ork). SEE RULE 19.15.7.14 NMAC. For Management of the control	SUB DIAL WOR IENCE DRI G/CEMEN R: Comple details, and fultiple Con 0.39" EHD	SEQUENT REPORT OF: K
We are asking for an exemption from tubing at this time.			RECEIVED
Spud Date: 05/09/2019	Rig Release Date: 0	5/30/2019	JAN 1 3 2020
			EMNRD OCD ARTESIA
I hereby certify that the information	above is true and complete to the best of my	knowledg	te and belief.
Thereby certify that the information			,
SIGNATURE C	TITLE_Regulatory		DATE12/17/2019
Type or print name _Ruby Caballero For State Use Only	o E-mail address: rcaballero@mewbou	rne.com	PHONE: _575-393-5905
-	-/ A		1
APPROVED BY: Conditions of Approval (if any):	TITLE Statt M	%	DATE 1/15/23