

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103
Revised March 25, 1999

WELL API NO.
30-015-32930

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement
Name:

Freedom 36 State Com

8. Well No.
#1

9. Pool name or Wildcat
Burton Flats Morrow

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

RECEIVED

2. Name of Operator
Mewbourne Oil Company 14744

NOV 18 2003

3. Address of Operator
PO Box 5270 Hobbs, NM 88241

OCD-ARTESIA

4. Well Location

Unit Letter I : 1650 feet from the South line and 990 feet from the East line

Section 36 Township 20S Range 28E NMPM Eddy County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3223'

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☒ Test BOP Equipment

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

10/31/03...POOH @ 7758'. Test BOP equipment as required. All equipment passed. Continue Drilling operations.
Copy of chart and schematic enclosed.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Hobbs District Manager DATE 11/14/03

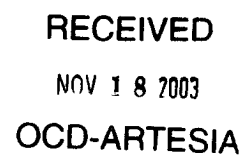
Type or print name NM Young Telephone No. 505-393-5905

(This space for State use)

FOR RECORDS ONLY

APPROVED BY [Signature] TITLE [Signature] DATE NOV 19 2003

Conditions of approval, if any:



OCD-ARTESIA