

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED
OMB No 1004-0135
Expires: January 31, 2004**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.**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Mewbourne Oil Company 14744

3a. Address
PO Box 5270 Hobbs, NM 88240

3b. Phone No. (include area code)
575-393-5905

4. Location of Well (Footage, Sec., T, R., M., or Survey Description)
660' FNL & 1980' FWL, Sec 15-T20S, R29E Unit C

5. Lease Serial No.
NMNM-0556290

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
Ithaca 15 Federal #1

9. API Well No.
30-015-36572

10. Field and Pool, or Exploratory Area
East Burton Flat Morrow

11. County or Parish, State
Eddy County, NM

12. CHECK 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"/> Fracture Treat	<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 Csg, Cmt
	<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	

3. 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 recompleat 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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

10/06/08 ...TD'd 12 1/4" hole @ 3350'. Ran 3350' of 9 5/8" 40# N80/K55 LT&C csg. Cemented with 180 sks Thixsad Class "H" with additives. Mixed @ 14.6 #/g with 1.37 cf/sk yd. Tail with 400 sks Class "C" with 1% CaCl2. Mixed @ 14.8 #/g with 1.34 cf/sk yd. Plug down at 4:45 am 10/07/08. Circulate 94 sks to pit. WOC 18 hrs. Tested BOPE to 5000# and annular to 2500#. At 10:00 am on 10/08/08, tested 9 5/8" casing to 1500# for 30 mins, held OK. Tested casing shoe to 12.5 PPG MWE. Charts and schematic attached. Drilled out with 8 3/4" bit.

ACCEPTED FOR RECORD

NOV 3 - 2008

Gerry Guye, Deputy Field Inspector
NMOCD-District II ARTESIA

ACCEPTED FOR RECORD

NOV 2 2008

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Jackie Lathan

Title Hobbs Regulatory

Signature

Date 10/13/08

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by (Signature)

Name
(Printed/Typed)

Title

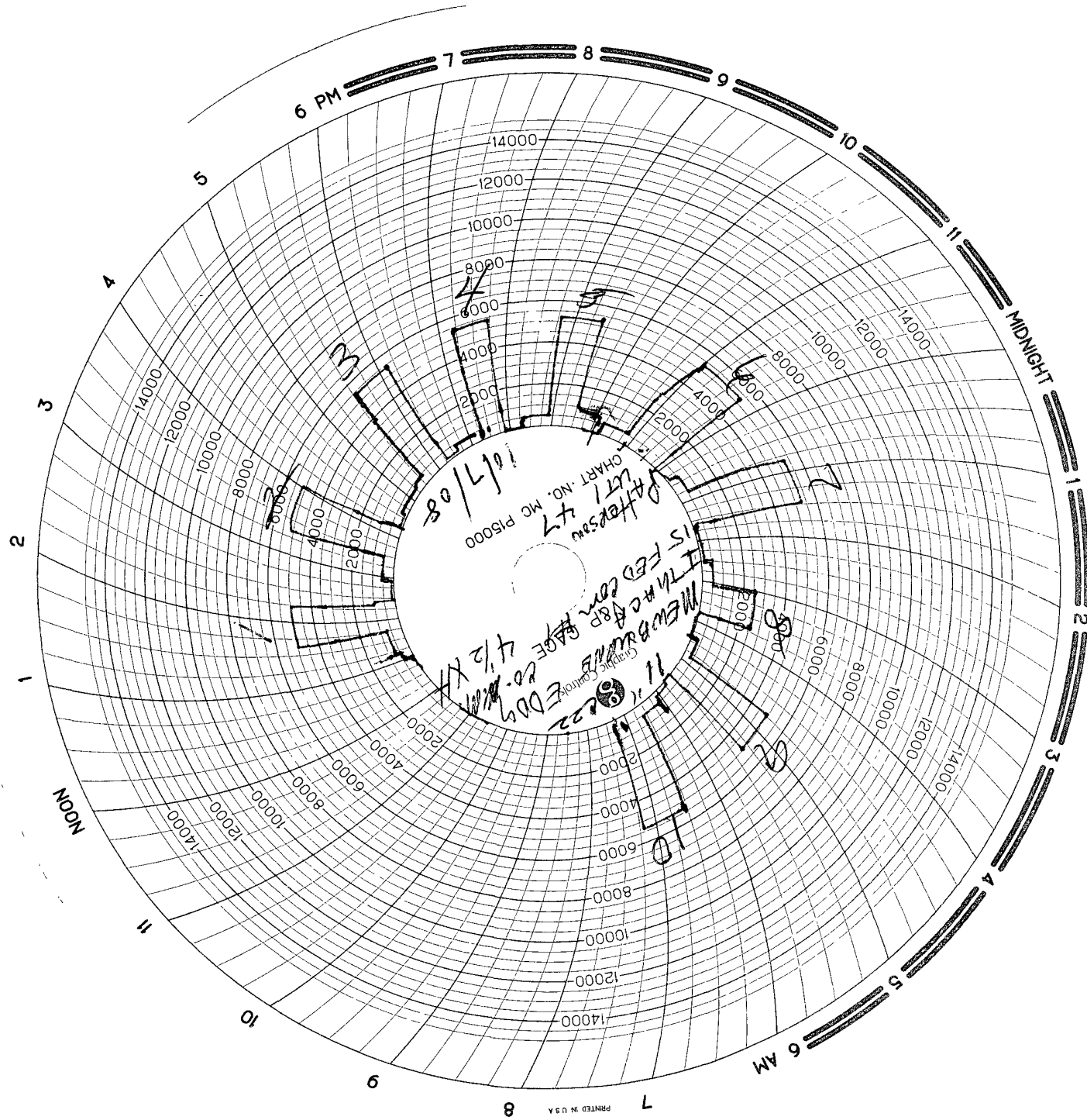
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Date

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.

(Continued on next page)





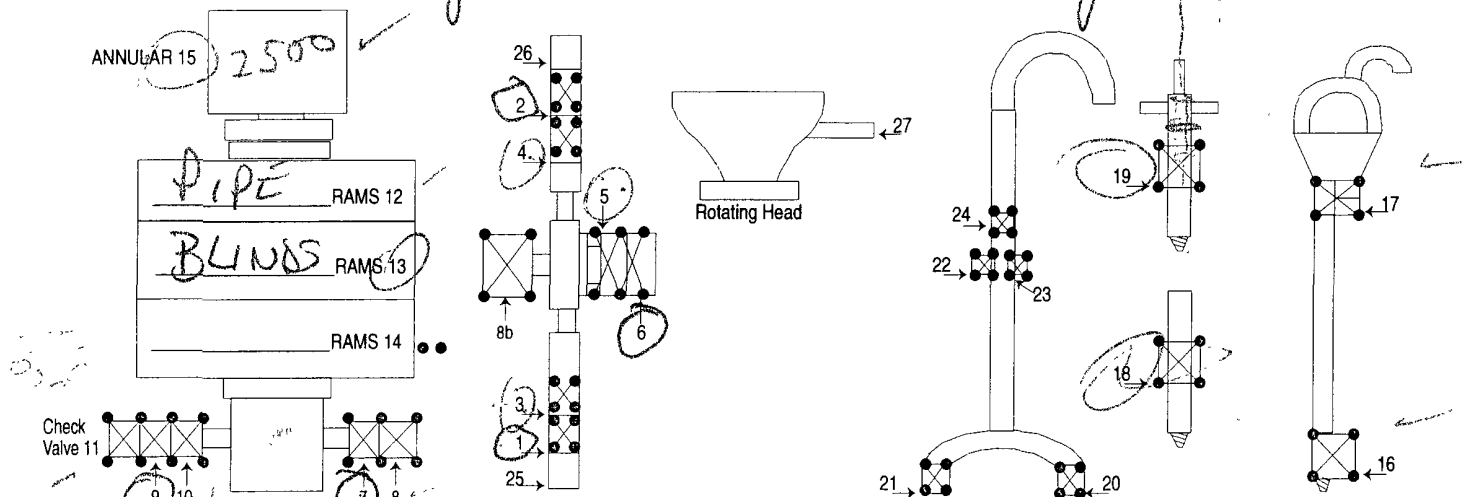
WELDING • BOP TESTING
NIPPLE UP SERVICE • BOP LIFTS • TANDEM
MUD AND GAS SEPARATORS

Grand Junction, CO **Lovington, NM**
970-241-4540 **575-396-4540**

INVOICE

B 9280

Company MEWBOURNE Date 10/7/08 Start Time 9:00 ☒ am ☐ pm
Lease ITHACA 157ED Com # 1 County EDDY State NH
Company Man LYNN SIMMONS
Wellhead Vendor _____ Tester KENNY K. / JESUS M
Drig. Contractor PATTERSON UTI Rig # 47
Tool Pusher George
Plug Type C-22 Plug Size 11" Drill Pipe Size 4 1/2 NH
Casing Valve Opened yes Check Valve Open yes

[illegible]

8 HR@ 1200⁰⁰ 1200⁰⁰
8 HR@ 800⁰⁰ 800⁰⁰
Mileage 138 @ 150 207⁰⁰
MASTER PRINTERS 575 396 3661 2207⁰⁰

SUB TOTAL	2207	62
TAX	118	62
TOTAL	2325	62

MAN WELDING SERVICES, INC

10/7/08
Company MEWBORNE Date 10/7/08
Lease ITHACA 157ED.com #1 County EDDY CO. N.M.
Drilling Contractor PATTERSON UTI 47 Plug & Drill Pipe Size 11" C22 - 4 1/2 XH

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)
- 14 X 36 X 168 = 360 = 1092 gal
- 250 gal Bottles 270 gal
= 80 gal 350 usable fluid
1. Open HCR Valve. (If applicable)
 2. ~~Close annular~~ *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 1400 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.

Remote Control - 110 PSI.

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}
- 1400
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 950 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~~ *Close annular*
 3. With pumps only, time how long it takes to regain the required manifold pressure.
 4. Record elapsed time 1:15 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}