Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103
District I	Energy, Minera	als and Nati	iral Resources	May 27, 2004 WELL API NO.
1625 N French Dr , Hobbs, NM 88240 District II	OIL CONCE		DIMICIONI	30-015-36651
1301 W Grand Ave., Artesia, NM 88210 District III 1220 South St. Francis Dr			5. Indicate Type of Lease	
1000 Rto Brazos Rd Aztec NM 87410			STATE FEE X	
District IV Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM			6. State Oil & Gas Lease No.	
87505	CEC AND DEPORTS	ON WELL		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name Cass Draw 30	
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH				8. Well Number
PROPOSALS.) 1. Type of Well: Oil Well X	Gas Well Other	REC	EIVED	2
2. Name of Operator	das well Offici		LIVE	9. OGRID Number
Mewbourne Oil Company		DEC	-9 2009	14744
3. Address of Operator				10. Pool name or Wildcat
PO Box 5270 Hobbs, NM 88240		NMOCE	ARTESIA	Dublin Ranch Morrow
4. Well Location				
				Bfeet from theE_line
Section 30	Township		Range 28	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3039' GL				
Pit or Below-grade Tank Application O				
				Distance from nearest surface water
Pit Liner Thickness: mil				Construction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF IN	TENTION TO:		SL	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO			ORK ALTERING CASING	
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DE				DRILLING OPNS.□ P AND A □
PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CEME	ENT JOB
OTHER:			OTHER: Frac	: Morrow
	leted operations. (Clea	ırly state all		and give pertinent dates, including estimated dat
				Attach wellbore diagram of proposed completio
11/21/00 Fr. Mar C -4.1	100414 104661 24	20001- /	7 1/0/ NI-E:	4 6-11 1 1
foam carrying 70,000#				d followed with 67,500 gals 40# 70Q Binary
Toam carrying 70,000#	16/40 Oluaptop. FR	JWDack 101	cleanup & r w	OL.
I hereby certify that the information	above is true and comp	lete to the h	est of my knowle	dge and belief. I further certify that any pit or below-
				or an (attached) alternative OCD-approved plan .
Grave Transco	P 41 5	COVERN TO LE	11 5 1	DATE: 10/07/00
SIGNATURE	rauran_	HTLE_H	obbs Regulatory	DATE12/07/09
Type or print name \(\square\) Jackie Lathar	ı E-ma	il address:il	athan@mewbour	ne.com Telephone No. 575-393-5905
For State Use Only				
	\sim	****** -	\mathbf{C}	
APPROVED BY: / hogy. Conditions of Approval (if any):	A A	TITLE	realognor	DATEISINICA