Form 3160-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR OCD-ARTESIA **BUREAU OF LAND MANAGEMENT**

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.

FORM APPROVED OMB No. 1004-0135 Expires: January 31, 2004

5. Lease Serial No.

LC-068402

6 If Indian, Allottee or Tribe Name

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SUBMIT IN TRIPLICATE - Other instructions on reverse side					7. If Unit or CA/Agreement, Name and/or No.		
☐ Oil Well ☐ Gas Well ☐ Other					8. Well Name and No.		
2. Name of Operator				Bradley 29 Federal Com #1			
Mewbourne Oil Company 14744					9. API Well No.		
a. Address		3b. Phone No. (include area code)		30-015-37481			
PO Box 5270 Hobbs, NM 88	240	575-393-5905		10. Field and Pool, or Exploratory Area			
Location of Well (Footage, Sec., T, R, M., or Survey Description)					Santo Nino Bone Springs 54600 11. County or Parish, State		
1050' FSL & 1905' FEL, Sec 29-T18S-R30E Unit O					Eddy County, NM		
12. CHECK AP	PROPRIATE BOX(ES) TO	INDICATE NAT	URE OF NOTICE, RI				
TYPE OF SUBMISSION		•	TYPE OF ACTION				
 Notice of Intent ✓ Subsequent Report ✓ Final Abandonment Notice 	Acidize Alter Casing Casing Repair Change Plans Convert to Injection	Deepen Fracture Treat New Construction Plug and Abandon Plug Back	Table 1		Water Shut-Off Well Integrity Other Drill out ports		
Attach the Bond under which the following completion of the investing has been completed. Fin determined that the site is ready 06/30/10 MIRU coil the drill recover fish with coil	ling equipment. Drill out frac po	de the Bond No. on fi sults in a multiple co iled only after all req orts from 8468' to 1	ile with BLM/BIA. Require sympletion or recompletion in uirements, including reclanding rectantiation. Start out of hole.	d subsequent reports a new interval, a Fonation, have been co	s shall be filed within 30 days rm 3160-4 shall be filed once mpleted, and the operator has quipment. Unable to		
07/20/10 Run tbg & rods to 767	ACCEPTE	D FOR RECORD					
		SEP	EIVED 29 2010 D ARTESIA	SE BUZEAU OI			
 I hereby certify that the foregoin Name (PrintedlTyped) 	g is true and correct				-		
Jackie Lathan		Title	Hobbs Regulatory				
Signature	THIS SPACE FO		09/07/10 STATE OFFICE USE				
Approved by (Signature)		2 2 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Name (Printed/Typed)	Title			
Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant to come the applicant to	attached. Approval of this notice alor equitable title to those rights conduct operations thereon.	does not warrant or in the subject lease	Office		Date		