Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

HOBBS OCD

FORM APPROVED OMB NO 1004-0135 Expires: July 31, 2010

Lease Serial No.

NMNM077004	

OCD- Hobbs

SUNDRY NOTICES AND REPORTS ON WELLS 18 2011 not use this form for proposals to drill and the sunday of the sunday

Do not use thi abandoned wel	D	6 If Indian, Allottee or Tribe Name						
SUBMIT IN TRII	7.	7. If Unit or CA/Agreement, Name and/or No.						
1. Type of Well	8.	Well Name and No.						
Oil Well Gas Well Oth		SPYGLASS 17 FED 2H						
Name of Operator Contact: JACKIE LATHAN MEWBOURNE OIL COMPANY E-Mail: jlathan@mewbourne.com					9. API Well No. 30-025-40185-00-X1			
3a. Address	3b. Phone No. (incl Ph: 575-393-59		TONTO					
HOBBS, NM 88240		7 11. 676 666 66			Sor	ve Spring		
4. Location of Well (Footage, Sec., T	., R., M., or Survey Description	i)		11	11. County or Parish, and State			
Sec 17 T19S R33E NWNW 60	60FNL 330FWL				LEA COUNTY, NM			
12. CHECK APPE	ROPRIATE BOX(ES) TO) INDICATE NA	TURE OF N	OTICE, REPO	ORT, OR OTHE	R DATA		
TYPE OF SUBMISSION	ACTION							
Notice of Intent	Acidize	Deepen		□ Production	(Start/Resume)	☐ Water Shut-Off		
□ Notice of Intent	Alter Casing	☐ Fracture	Γreat	Reclamation		■ Well Integrity		
Subsequent Report Subsequent Re	☐ Casing Repair	□ New Con	struction	Recomplete	2	Other		
☐ Final Abandonment Notice	Change Plans	Plug and	Abandon	☐ Temporaril		Drilling Operations		
	Convert to Injection	Plug Back	(☐ Water Disposal				
following completion of the involved testing has been completed. Final At determined that the site is ready for final At the	pandonment Notices shall be fil- inal inspection) ble. Ran 1472' 13 3/8" 54. es. Mixed @ 12.5 #/g w/2. Plug down @ 9:15 AM. 0 to 1250# for 30 mins, hel	ed only after all requir .5# & 13 3/8" J55 02 yd. Tail with 20 8/05/11. Circ 166	ements, includ ST&C csg. (00 sks Class sks cmt to p	ing reclamation, h Demented with C w/1% CaCli it. At 5:00 AM	ave been completed, 800 2.	and the operator has		
14. Thereby certify that the foregoing is	Electronic Submission #1	114994 verified by I	he BLM Wel	I Information Sy	/stem			
Commi	itted to AFMSS for process				1DLM0686SE)			
Name(Printed/Typed) JACKIE L	ATHAN	Title	AUTHO	RIZED REPRE	SENTATIVE			
Signature (Electronic S	Submission)	Date	08/11/20	011		•		
	THIS SPACE FO	R FEDERAL O	R STATE (OFFICE USE				
Approved By ACCEPT	ED	Titl	JAMES A A eSUPERVIS	AMOS SOR EPS		Date 08/13/2011		
Conditions of approval, if any, are attache certify that the applicant holds legal or equivalent would entitle the applicant to conductive the conductive the applicant to conduct the applicant	itable title to those rights in the	e subject lease	ice Hobbs		14			
Title 18 H.C. Castion 1001 and Title 42	U.S.C. Soution 1212 make it a	orimo for any names	lenoven alv	millfully to male	to only donorum t	a a a a a a a a a a a a a a a a a a a		

States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.