| Submit 1 Copy To Appropriate District | State of Ne | ew Mexico | Rec'd 8/25/2020 - NMOCD | Form C-103 |
|--|--|---------------------|---------------------------|-----------------------|
| Office <u>District I</u> – (575) 393-6161 | Energy, Minerals and | d Natural Resource | es | Revised July 18, 2013 |
| 1625 N. French Dr., Hobbs, NM 88240 | 23, | | WELL API NO. | |
| <u>District II</u> – (575) 748-1283 | OIL CONSERVA | TION DIVISIO | 30-025-46264 | |
| 811 S. First St., Artesia, NM 88210 | | | 5. Indicate Type of L | ease |
| <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South S | | STATE 🖂 | FEE |
| District IV – (505) 476-3460 | Santa Fe, NM 87505 | | 6. State Oil & Gas Lo | ease No. |
| 1220 S. St. Francis Dr., Santa Fe, NM | | | | |
| 87505 | | | | |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | 7. Lease Name or Un | |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | Rebel 9/16 B3IP St C | om |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | | | 8. Well Number 2H | |
| 1. Type of Well: Oil Well Gas Well Other | | | | |
| | | | 9. OGRID Number | 14744 |
| Mewbourne Oil Company | | | | |
| 3. Address of Operator | | | 10. Pool name or Wi | ldcat |
| PO Box 5270, Hobbs NM 88241 | | | Berry; Bone Spring | luoat |
| | | | Berry, Bone Spring | |
| 4. Well Location | | | | |
| Unit Letter I : 2200 feet from the South line and 560 feet from the East line | | | | |
| Section 9 Township 21S Range 34E NMPM Lea County | | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | |
| 3703' GL | | | | |
| 5705 GE | | | | |
| | | | | |
| 12. Check | Appropriate Box to Indic | cate Nature of N | otice, Report or Other Da | ta |
| CURCEOUENT REPORT OF | | | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | | |
| PERFORM REMEDIAL WORK | | | | |
| TEMPORARILY ABANDON | | | | |
| PULL OR ALTER CASING |] MULTIPLE COMPL □ CASING/CEMENT JOB □ | | | |
| DOWNHOLE COMMINGLE | | | | |
| CLOSED-LOOP SYSTEM | | | | |
| OTHER: | Ī | OTHER: | Completion sundry | <u></u> |
| 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date | | | | |
| of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of | | | | |
| proposed completion or recompletion. | | | | |
| | | | | |
| Ran GR while drlg. | | | | |
| _ | | | | |
| 08/05/20 Frac Horizontal Bone Spring from 11560' MD to 19140' MD, 1404 holes, .39" EHD, 120 deg phasing. Frac in 39 stages | | | | |
| w/15,267,362 gals SW, carrying 9,763,361# local 100 Mesh sand & 5,301,383# Local 40/70 sand. Flowback well for cleanup. | | | | |
| | | | | |
| 08/10/20 Drill out frac plugs to PBTD @ 19150' | | | | |
| 00/10/20 21m out 11m page to 1 = | | | | |
| 08/11/20 Put well on production. | | | | |
| 00/11/20 Tut Won on production. | | | | |
| Spud Date: 11/19/2019 | R | ig Release Date: 12 | 2/30/2019 | |
| Special Control of the Control of th | | | | |
| | | | | |
| | | | 11.11.0 | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | |
| | | | | |
| | V | | | |
| SIGNATURE DATE 08/19/2020 | | | | |
| | | | | |
| Type or print name PHONE: _575-393-5905 | | | | |
| For State Use Only | | | | |
| PM | | | | |
| | | 1.84.11 | | |
| APPROVED BY: Conditions of Approval (if any): | TITLE | LM II | DATE | 9/3/2020 |