

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD
OCD Hobbs
NOV 20 2013

FORM APPROVED
OMB No. 1004-0137
Expires: October 31, 2014

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.

5. Lease Serial No. NMNM-88523
6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE – Other instructions on page 2.

7. If Unit of CA/Agreement, Name and/or No.
Querecho Plains Bone Spring Sands Unit
8. Well Name and No.
QPBSU 12B #3
9. API Well No.
30-025-30570
10. Field and Pool or Exploratory Area
Querecho Plains Upper Bone Spring
11. County or Parish, State
Lea County NM

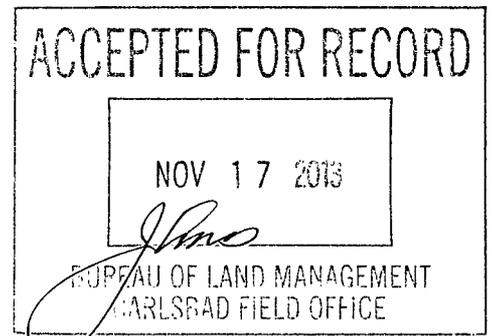
1. Type of Well
 Oil Well Gas Well Other
2. Name of Operator
Mewbourne Oil Company
3a. Address
PO Box 5270, Hobbs NM 88240
3b. Phone No. (include area code)
(575) 393-5905
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980' FSL & 1980' FEL, Sec 14, T18S, R32E NWSE

12. CHECK THE 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 checked="" 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 type="checkbox"/> Other _____
	<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	

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

Performed MIT & Braidenhead test on 09/17/2013. Mark Whitaker w/NMOCD notified but did not witness. Test was performed due to previous test failing. See attached chart. Well was placed back on active status.



14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)
Jackie Lathan
Title Regulatory
Signature *Jackie Lathan*
Date 09/24/13

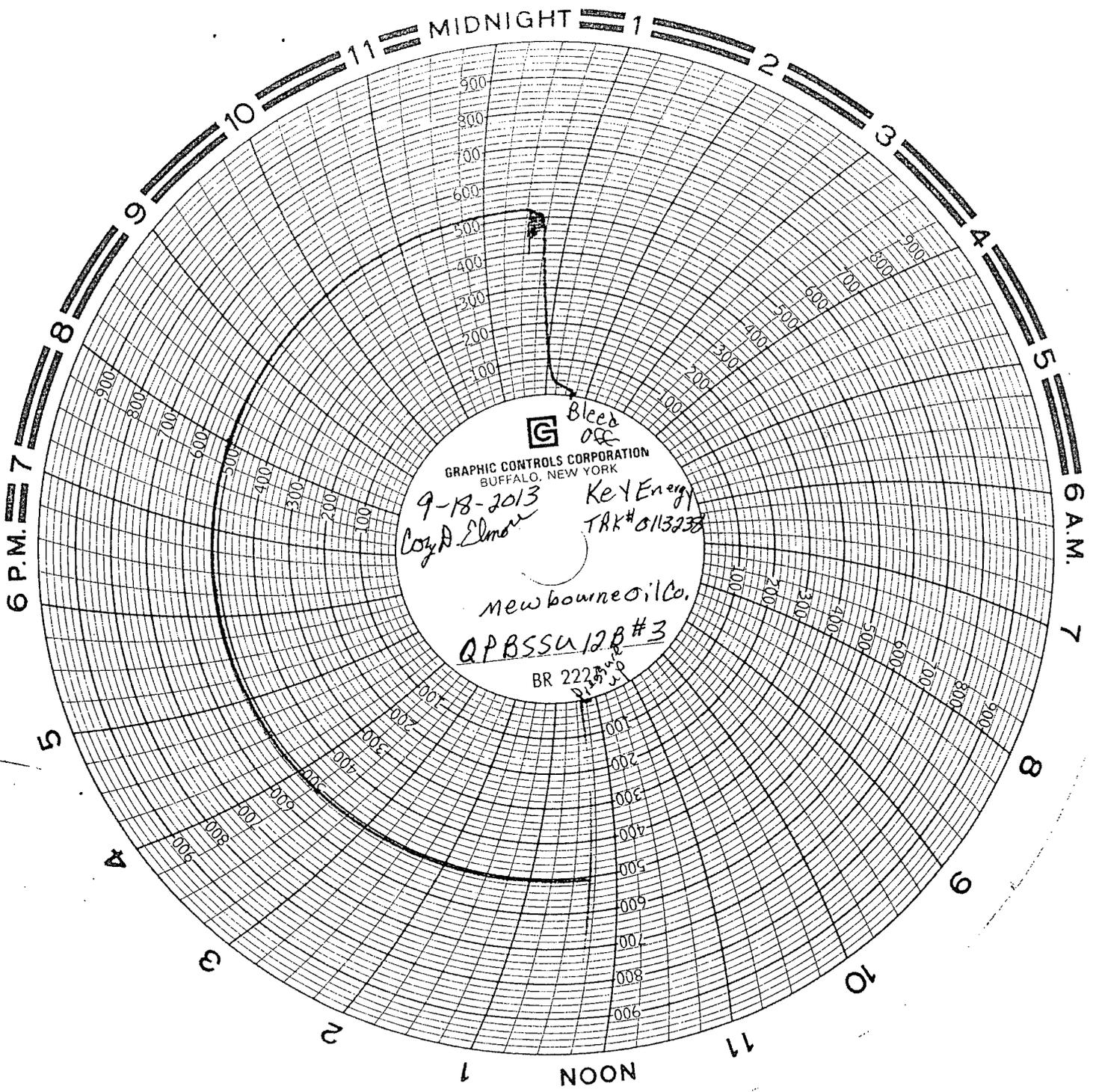
THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by _____ Title _____ Date _____
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 _____

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.

MSS/OCD 11/20/2013

NOV 21 2013



Bleed off

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

9-18-2013

Coyd Elmer

Key Energy

TAK# 0113238

Newbourne Oil Co.

QPBSU 12B #3

BR 222