

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Hobbs

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

**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.  
NMNM0392082A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

JAN 24 2014

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
MEWBOURNE OIL COMPANY

Contact: JACKIE LATHAN  
E-Mail: jlathan@mewbourne.com

8. Well Name and No.  
RED HILLS WEST UNIT 006H

9. API Well No.  
30-025-40605

3a. Address  
PO BOX 5270  
HOBBS, NM 88241

3b. Phone No. (include area code)  
Ph: 575-393-5905  
Fx: 575-397-6252

10. Field and Pool, or Exploratory  
BONE SPRING

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 9 T26S R32E SESW 150FSL 1650FWL

11. County or Parish, and State  
LEA COUNTY, NM

**12. CHECK 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 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 checked="" type="checkbox"/> Other Well Spud
	<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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

12/13/13 Spud 17 1/2" hole. TD hole @ 1060'. Ran 1060' of 13 3/8" 48# H40 ST&C csg. Cemented with 600 sks Econo Cem-HLC w/additives. Mixed @ 12.5 #/g w/2.12 yd. Tail w/200 sks HalCem-C w/1% CaCl2. Mixed @ 14.8 #/g w/1.34 yd. Plug down @ 7:00 PM 12/16/13. Circ 117 sks of cmt to the pit. At 6:30 P.M. 12/17/13, tested BOPE & csg to 1250# for 30 mins, held OK. Drilled out with 12 1/4" bit.

Chart & schematic attached.

Bond on file: NM1693 nationwide & NMB000919

**ACCEPTED FOR RECORD**

JAN 20 2014

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #232258 verified by the BLM Well Information System For MEWBOURNE OIL COMPANY, sent to the Hobbs. Committed to AFMSS for processing by JOHNNY DICKERSON on 01/16/2014 ()

Name (Printed/Typed) JACKIE LATHAN Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission) Date 01/16/2014

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By \_\_\_\_\_ Title Petroleum Engineer 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 \_\_\_\_\_

JAN 27 2014

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.

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

JAN 27 2014

# MAN WELDING SERVICES, INC

Company Mewbourne Date 2-17-13  
Lease Red Hills West unit 006H County Lea N.M.  
Drilling Contractor Patterson/NTI Plug & Drill Pipe Size 4 1/2 X H  
Accumulator Pressure: 2900 Manifold Pressure: 1450 Annular Pressure: 1050

## Accumulator Function Test - OO&GO#2

To Check - **USABLE FLUID IN THE NITROGEN BOTTLES** (III.A.2.c.i. or ii or iii)

- o Make sure all rams and annular are open and if applicable HCR is closed.
- o Ensure accumulator is pumped up to working pressure! (Shut off all pumps)
  1. Open HCR Valve. (If applicable)
  2. Close annular.
  3. Close all pipe rams.
  4. Open one set of the pipe rams to simulate closing the blind ram.
  5. For 3 ram stacks, open the annular to achieve the 50+ % safety factor. (5M and greater systems).
  6. Record remaining pressure 1800 psi. Test fails if pressure is lower than required.
    - a. {950 psi for a 1500 psi system} b. {1200 psi for a 2000 & 3000 psi system }
  7. If annular is closed, open it at this time and close HCR.

To Check - **PRECHARGE ON BOTTLES OR SPHERICAL** (III.A.2.d.)

- o Start with manifold pressure at, or above, maximum acceptable pre-charge pressure:
  - a. {800 psi for a 1500 psi system} b. {1100 psi for 2000 and 3000 psi system}
- 1. Open bleed line to the tank, slowly. (gauge needle will drop at the lowest bottle pressure)
- 2. Close bleed line. Barely bump electric pump and see what pressure the needle jumps up to.
- 3. Record pressure drop 750 psi. Test fails if pressure drops below minimum.
- o Minimum: a. {700 psi for a 1500 psi system } b. {900 psi for a 2000 & 3000 psi system }

To Check - **THE CAPACITY OF THE ACCUMULATOR PUMPS** (III.A.2.f.)

- o Isolate the accumulator bottles or spherical from the pumps & manifold.
- o Open the bleed off valve to the tank, {manifold psi should go to 0 psi} close bleed valve.
  1. Open the HCR valve, {if applicable}
  2. Close annular
  3. With pumps only, time how long it takes to regain the required manifold pressure.
  4. Record elapsed time 1:15. Test fails if it takes over 2 minutes.
    - a. {950 psi for a 1500 psi system} b. {1200 psi for a 2000 & 3000 psi system}











