

REFERENCE SHEET FOR
UNDESIGNATED WELLS

	Fm	Pm	N	Pc
17-21	XX	XX		XX

paragraph

1. Date:	3/21/2014
2. Type of Well:	
Oil:	XX
Gas:	
3. County:	LEA

4. Operator:	MEWBOURNE OIL CO	API NUMBER:	30 - 025 - 41532
5. Address of Operator	PO BOX 5270 HOBBS, NM 88240		
6. Lease name or Unit Agreement Name	>> SCHARB 10 PA STATE		7. Well Number # - 1H
8. Well Location	Unit Letter: P 660 feet from the S line and 660 feet from the E line Section 8 Township 19S Range 34E		

9. Completion Date:	10/26/2009	11. Peris	Top	Bottom	TD
			9460	9473	13700
10. Name of Producing Formation(s)	BONE SPRING		12. Open Hole Casing shoe	Bottom	PBTD
					10045

13. C-123 Filed:	Date	15. Name of Pool Requested or temporary Wildcat designation:	Pool ID num
Y	N XX	QUAIL RIDGE;BONE SPRING	50460
16. Remarks:	EXTEND		

TO BE COMPLETED BY DISTRICT GEOLOGIST			
17. Action taken	18. Pool Name	Pool ID num	
EXTEND	QUAIL RIDGE;BONE SPRING	50460	
<p>T 19 S, R 34 E</p> <p>SEC 8: SE/4</p> <p>SEC 9: SW/4</p> <p>SEC 10: E/2</p> <p>SEC 15: N/2</p>			

19. Advertised for HEARING:	20. Case Number
21. Name of pool for which was advertised:	Pool ID num
QUAIL RIDGE;BONE SPRING	50460
22. Placed in Pool	23. By order number
	R-

MAR 25 2014