

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.

HOBBSOCD

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

JAN 02 2015

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM4609
2. Name of Operator MEWBOURNE OIL COMPANY		6. If Indian, Allottee or Tribe Name
3a. Address HOBBS, NM 88241		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 575-393-5905		8. Well Name and No. QUERECHO 28 OB FEDERAL COM 1H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 28 T18S R32E SWSE 0170FSL 1420FEL 32.711580 N Lat, 103.766857 W Lon		9. API Well No. 30-025-41933-00-X1
		10. Field and Pool, or Exploratory QUERECHO PLAINS
		11. County or Parish, and State LEA COUNTY, NM

RECEIVED

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 recomplate 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.)

07/27/14 Spud 17 1/2" hole. TD hole @ 1234'. Ran 1234' of 13 3/8" 48# H40 ST&C csg. Cmt w/700 sks Lite Class C (35:65:4) w/1% additives. Mixed @ 12.5#/g w/2.22 yd. Tail w/200 sks Class C w/2% CaCl2. Mixed @ 14.8#/g w/1.34 yd. Plug down @ 12:15 P.M. 07/29/14. Circ 120 sks of cmt to the pit. At 4:00 P.M. 07/30/14, tested csg & BOPE to 1250# for 30 mins, held OK. Drilled out with 12 1/4" bit.

Chart & Schematic attached.

Bond on file: NM1693 nationwide & NMB000919

14. I hereby certify that the foregoing is true and correct. Electronic Submission #257104 verified by the BLM Well Information System For MEWBOURNE OIL COMPANY, sent to the Hobbs Office Committed to AFMSS for processing by LINDA JIMENEZ on 10/14/2014 15:14:56		ACCEPTED FOR RECORD
Name (Printed/Typed) JACKIE LATHAN	Title AUTHORIZED REPRESENTATIVE	
Signature (Electronic Submission)	Date 08/14/2014	DEC 19 2014
THIS SPACE FOR FEDERAL OR STATE OFFICE USE		
Approved By _____	Title _____	BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE
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.

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

JAN 07 2015

jm



PO Box 7
Lovington, NM 88260
(575) 224-2345 (575) 942-9472

Company Newbaurne Date 7/30/14
Lease Querecho 2806 Fed #1# County Lea
Drilling Contractor Patterson Plug & Drill Pipe Size 13" 4.5 x 4

Accumulator Function Test - OO&GO#2

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

- Make sure all rams and annular are open and if applicable HCR is closed.
- 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.)

- 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 1050 psi. Test fails if pressure drops below minimum.
- 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.)

- Isolate the accumulator bottles or spherical from the pumps & manifold.
- 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 1:01. 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)



PO Box 7
Lovington, NM 88260
(575) 942-9472

Invoice
B 4496

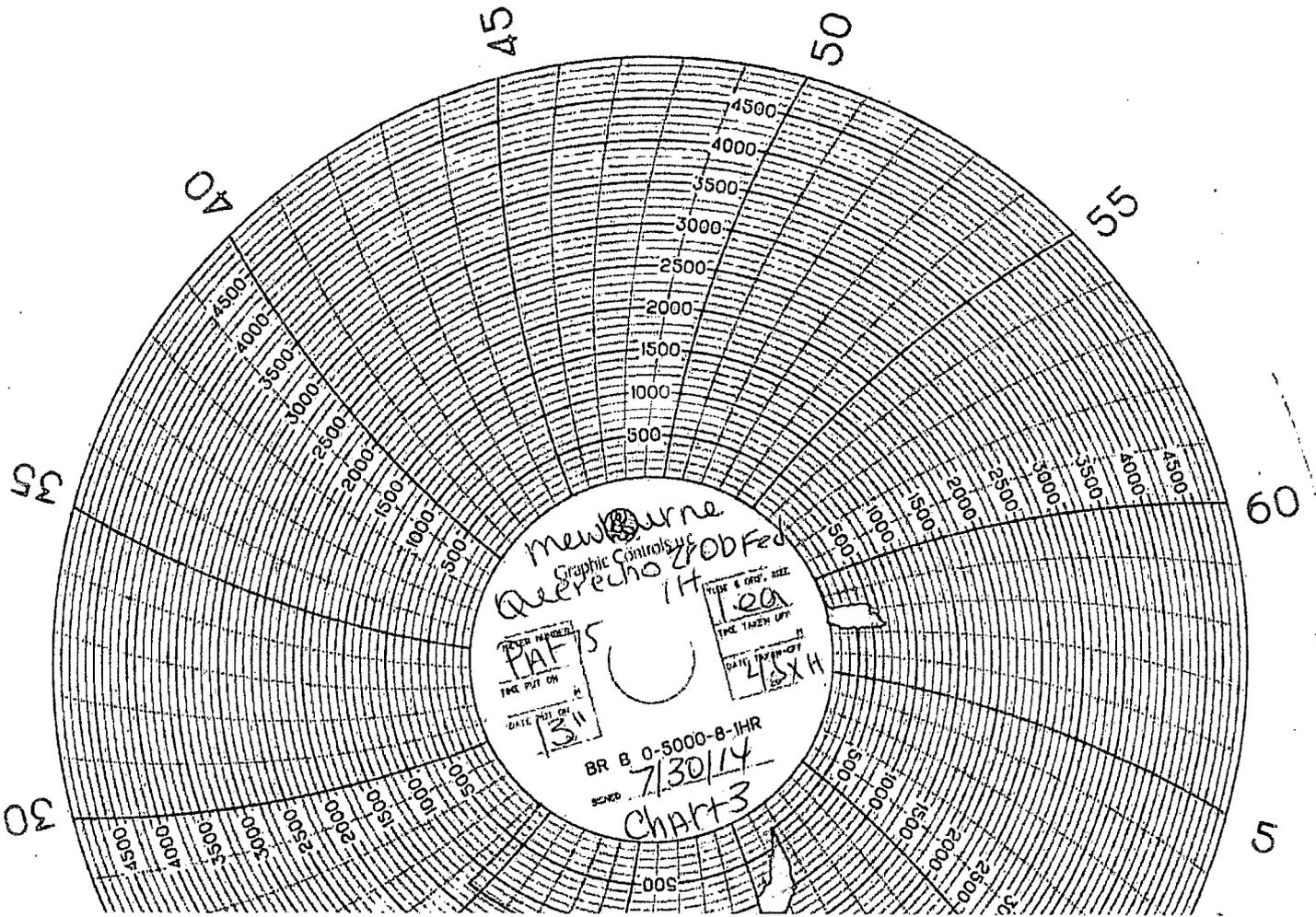
Date: 7-30-14
 Company: Mew Bolla
 Lease: Quevedo 28 OB Field # 14 State: NM County: Lea
 Company Man: George Tester: Kyle Sanger Truck # 37
 Tool Pusher: _____ Rig # 75 Plug Size: 13"
 Drilling Contractor: DATTAHSON Pipe Thread Size: 4 1/2"

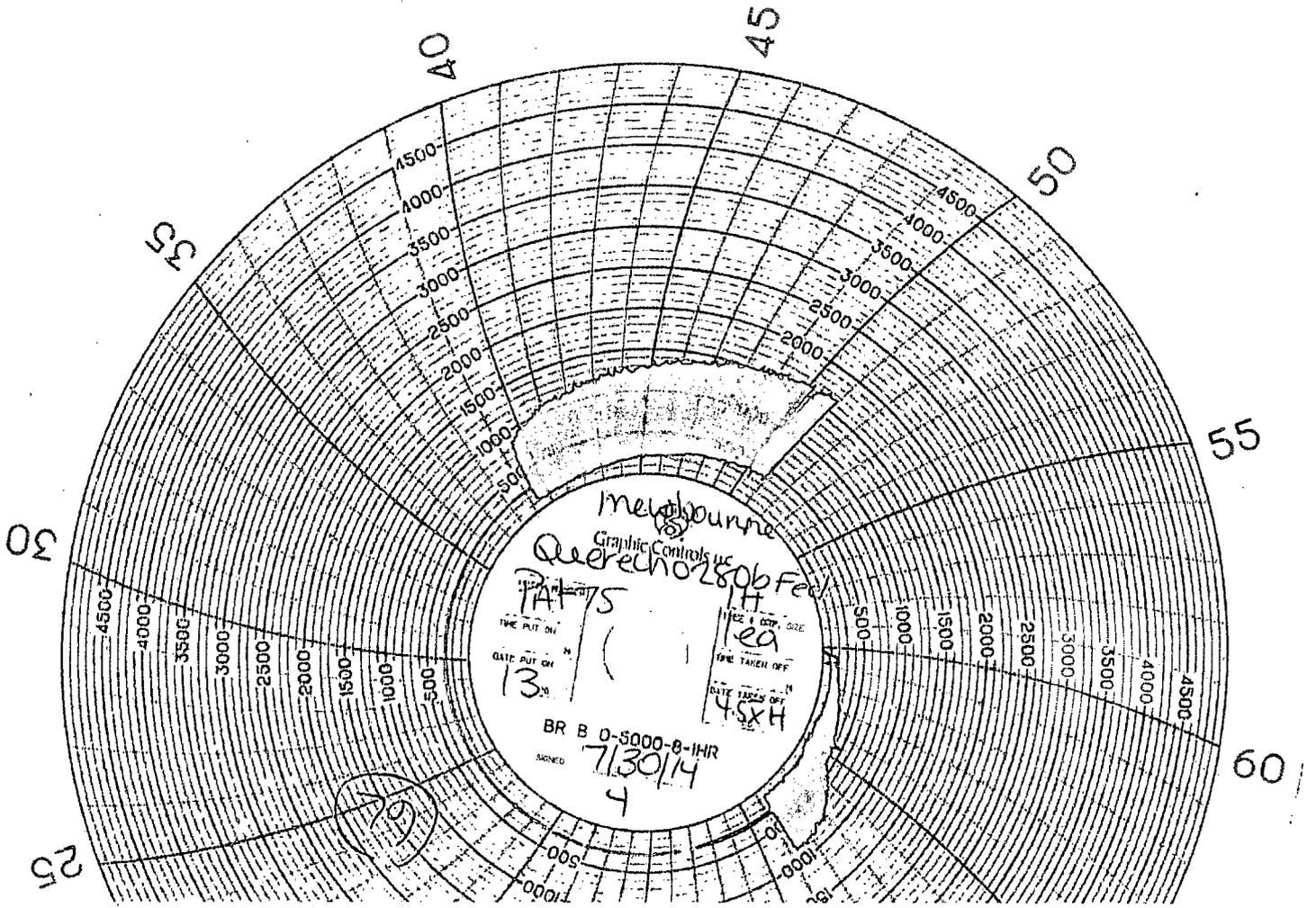
Test Pressures:
 BOP: 1250
 Annular: 1250
 Casing: 1250
 Pumps: _____

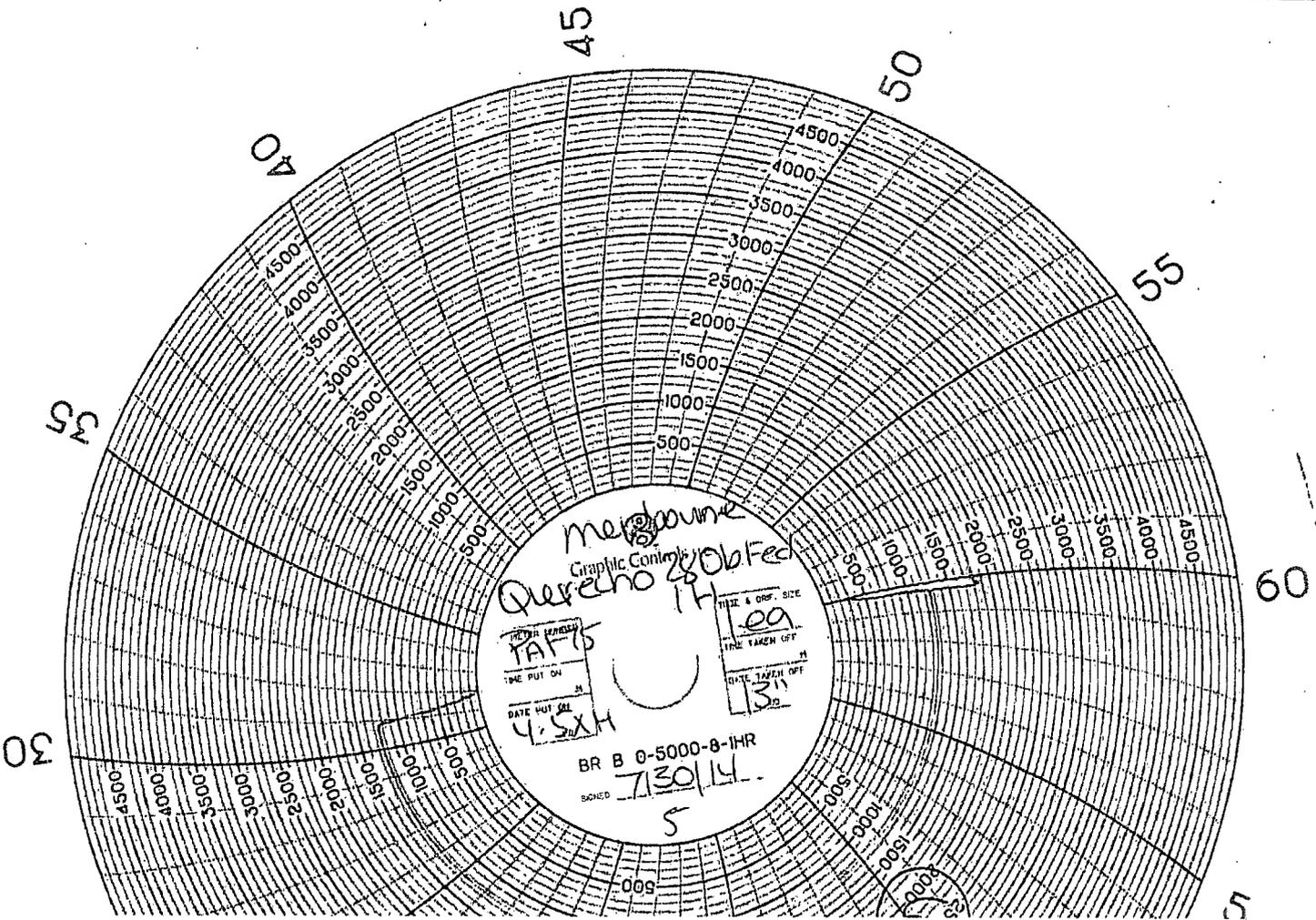
Test #	Items tested	Low Test		High Test		Remarks
		PSI	Min.	PSI	Min.	
1	Truck Test	250	10	1250	10	
2	18	250	10	1250	10	Tested Floor Valves / Kelly while N/U was Done.
3	19	250	10	1250	10	
4	10	250	10	1250	10	
5	17	250	10	1250	10	
6	26, 1, 1A, 6, 10, 15, casing	250	10	1250	10	
7	1, 1b, 6, 10, 15, casing	250	30	1250	30	
8	8b, 3, 4, 5, 9, 15, casing	250	30	1250	30	
9	8, 11, 15, casing	250	30	1250	30	
10	7, 11, 15, casing	250	30	1250	30	

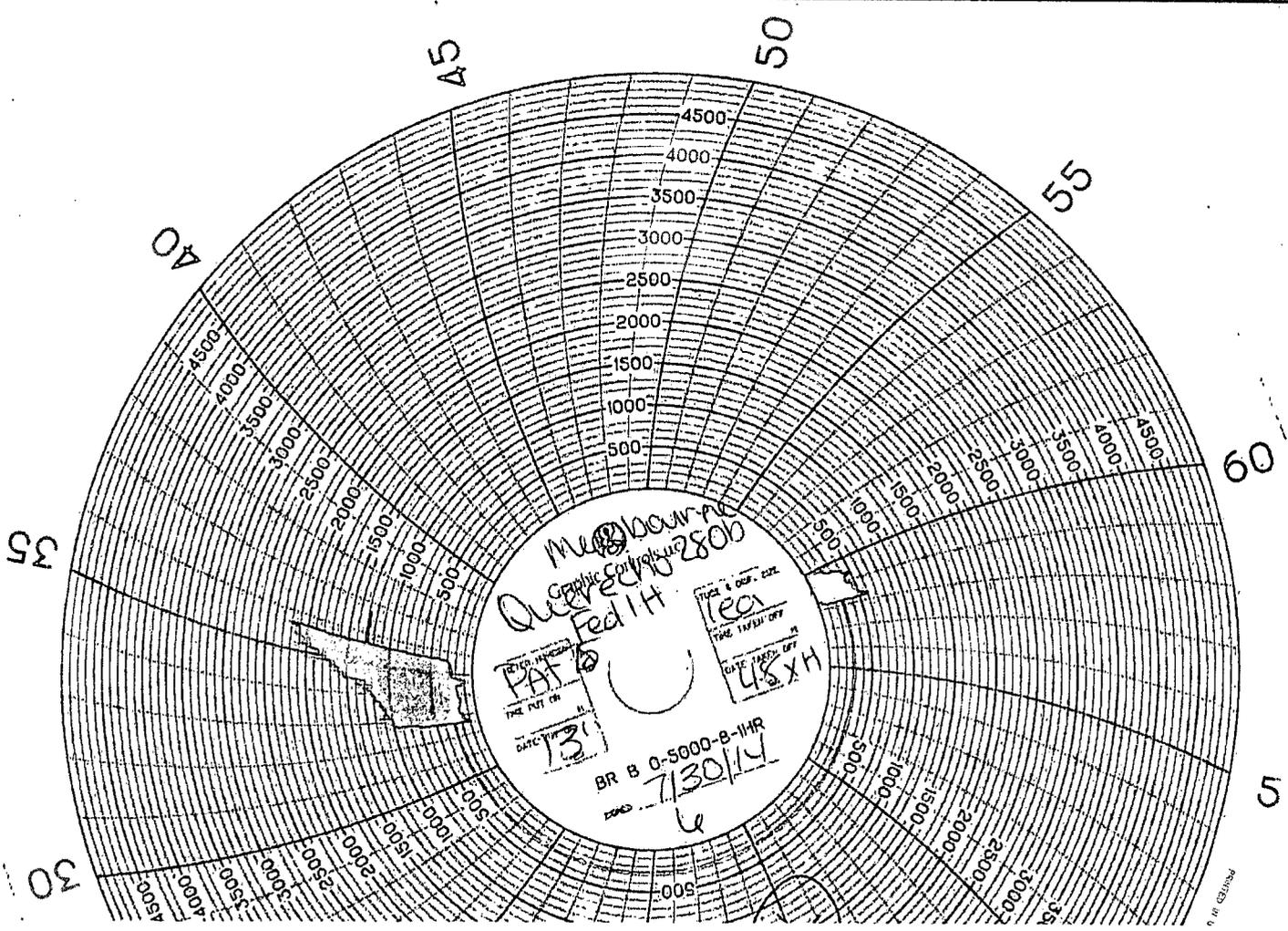
Mileage 180 @ \$1.00/mile = 180.00
 Methanol _____
 Cup Test _____
4 hr @ 900.00 = 3600.00
12 hours @ 170.00 = 2040.00
 @ _____ = _____
 Subtotal = 2520.00
 Tax = 138.00
 TOTAL = 2658.00

Test accepted by: [Signature]





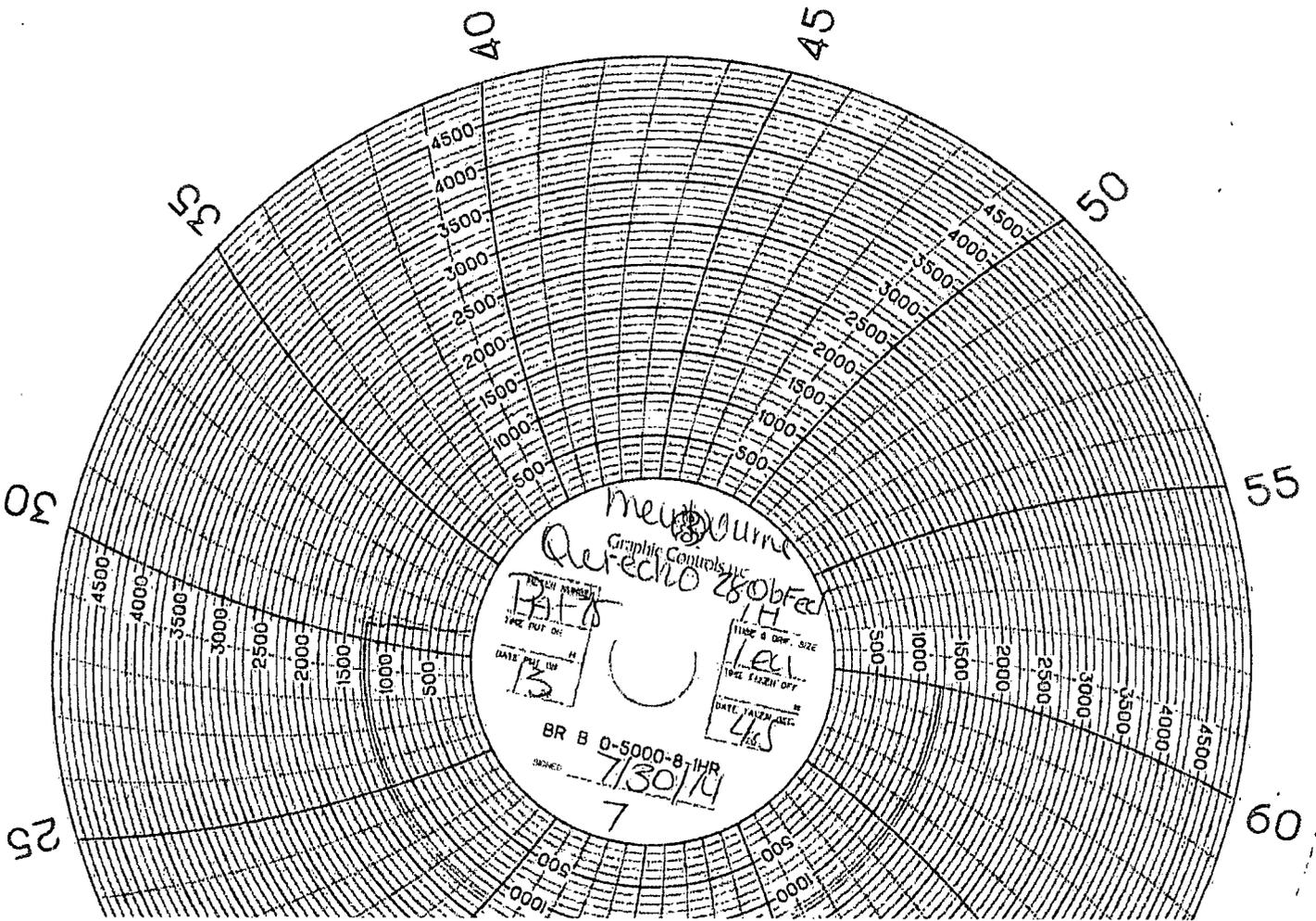




MURDOCK
 GRADING CONTRACT NO. 2800
 Overhead Credit
 PAF
 DATE PAID 7/31
 BR B 0-5000-B-1HR
 7/30/14
 6



30 35 40 45 50 55 60 65 70



40

45

32

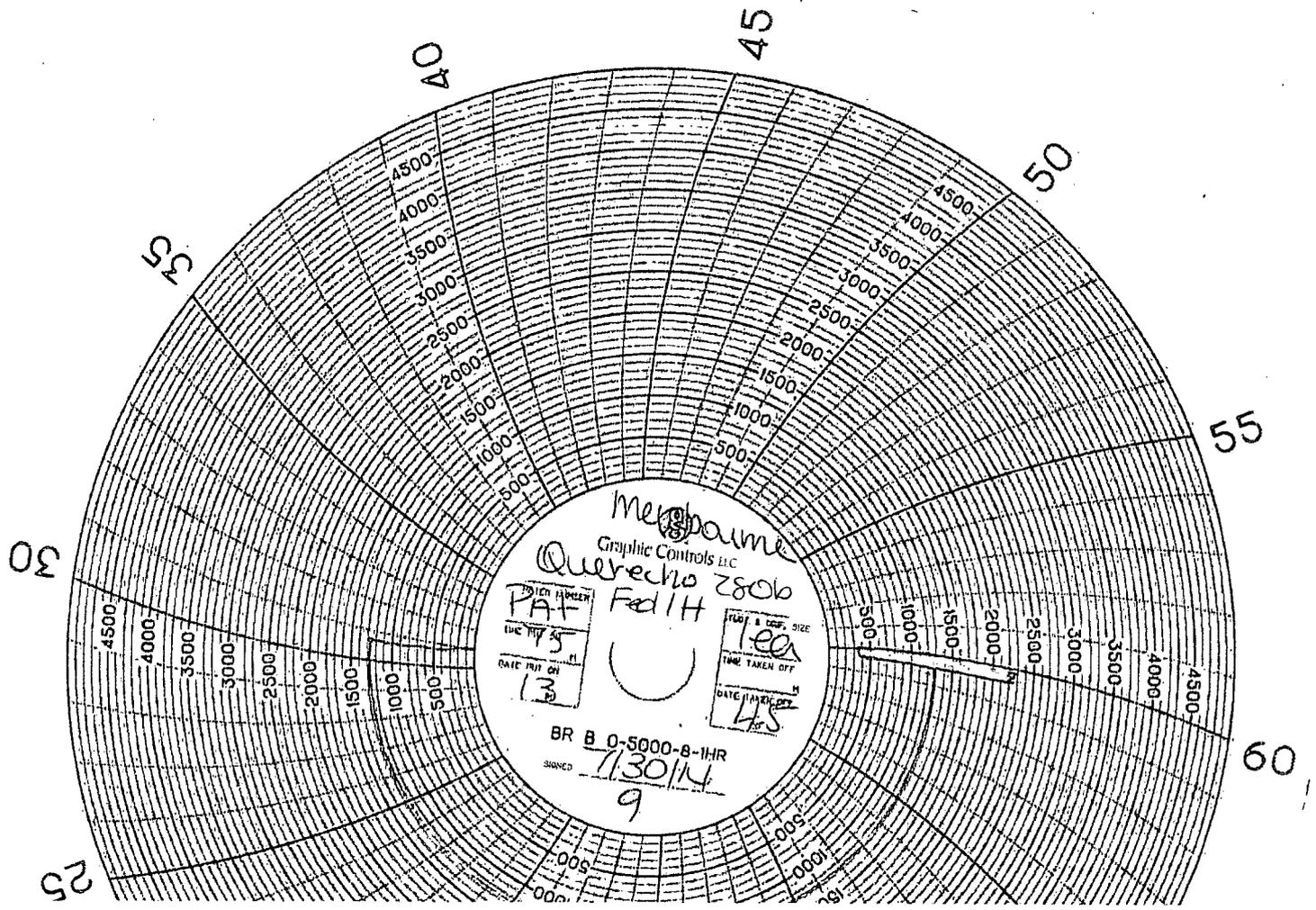
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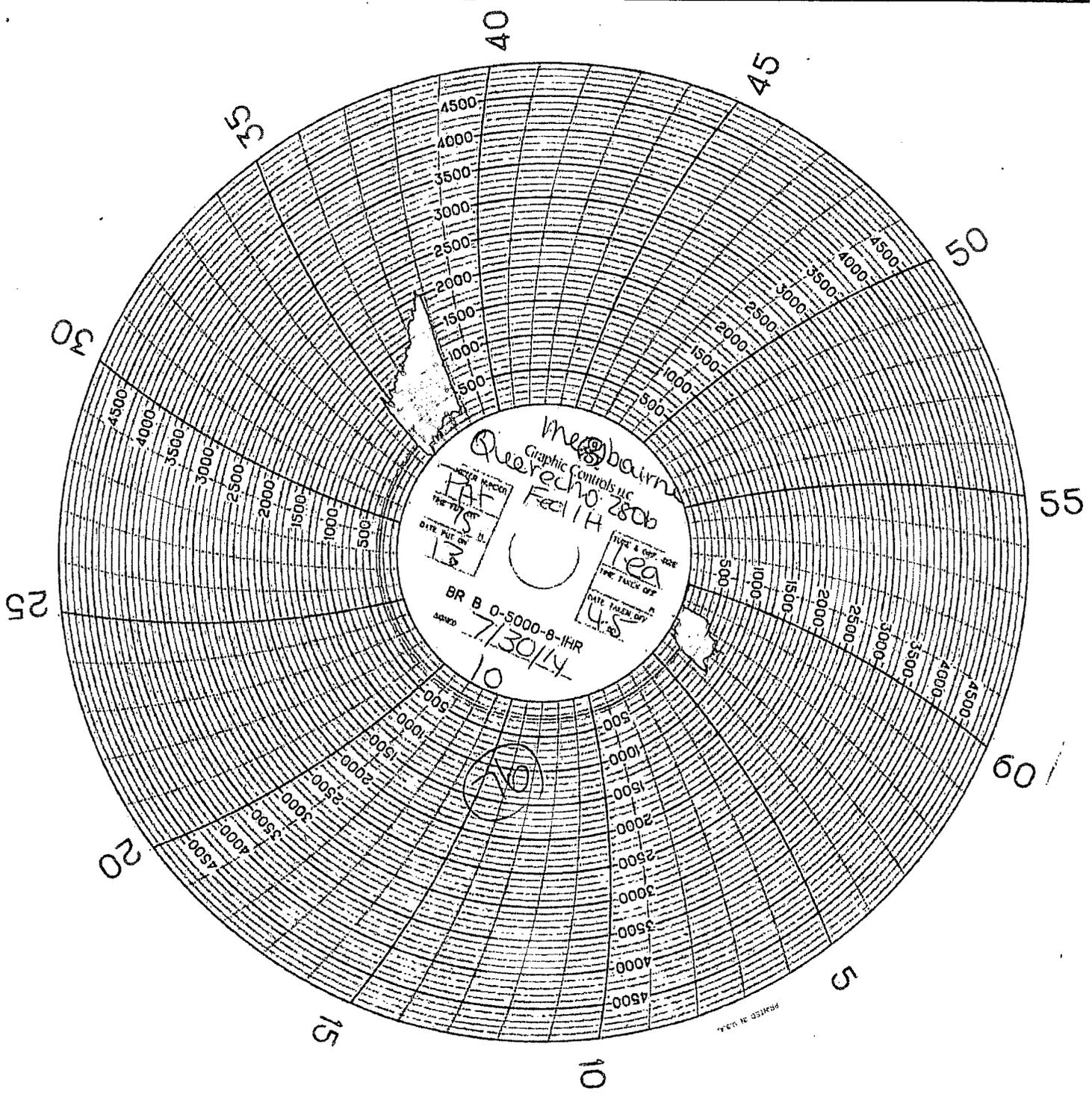
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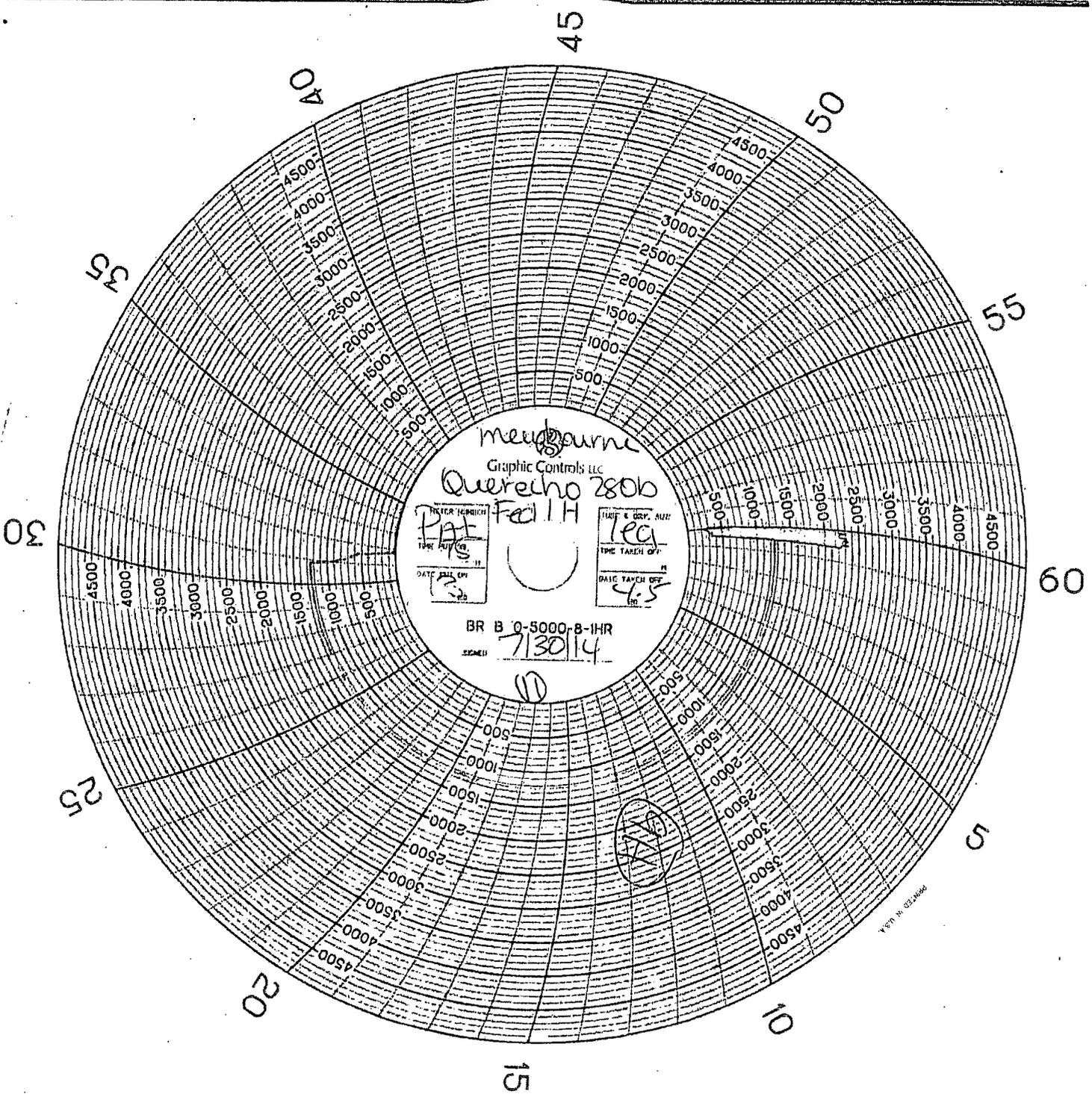
25

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