Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I - (575) 393-6161			Revised July 18, 2013 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240  District II - (575) 748-1283 811 S. First St., Artesia, NM 88210  District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410  District IV - (505) 476-3460  MAR 0 2 2015  Santa Fe, NM 87505			0-025-40638 /	
		DIVISION	. Indicate Type of Lease	
		icis Dr.	STATE ⊠ ✓ FEE □	
		i ~	. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			/B-1191	
SUNDRY NOTICE PED REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPUSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			. Lease Name or Unit Agreement Nam able BSA State	e
PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other			. Well Number H	
2. Name of Operator			. OGRID Number	
Mewbourne Oil Company			4744	
3. Address of Operator PO Box 5270, Hobbs NM 88241			<ol> <li>Pool name or Wildcat Intelope Ridge; Bone33 Spring Northwell</li> </ol>	est
4. Well Location			micrope Ridge, Boness Spring Northwo	
Unit Letter M :	660 feet from the South	line and 330	feet from the West line	
Section 9	Township 23S Range		feet from theWestline IPM Lea County	
Section	11. Elevation (Show whether DR)		Trivi Lea County	
all and the second seco	3423' GL	, KILD, KI, GK, CIC.)		
12. Check	Appropriate Box to Indicate N	ature of Notice, Re	eport or Other Data	
NOTICE OF I	TENTION TO	1 0.1505		
			EQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI		REMEDIAL WORK	$\square$ ALTERING CASING   NG OPNS. $\square$ P AND A	
· —	· — —		<del>_</del>	
DOWNHOLE COMMINGLE	moeth de comme :	O TOMO O EMENTO		
CLOSED-LOOP SYSTEM				
OTHER:		OTHER: 5' new		
	ork). SEE RULE 19.15.7.14 NMAC		ive pertinent dates, including estimated etions: Attach wellbore diagram of	date
·				
02/23/2015 Made 5' new hole. T	D 260'. Hole size 12".			
Spud Date: 06/28/12	Rig Release	e Date:		
Spud Date: 00/28/12	Kig Keleus	e Bate.		
I hereby certify that the information	above is true and complete to the be	est of my knowledge a	nd belief.	
		, .		
	<b>2</b> 10		D . TTT . 00 (00 (10 )	
SIGNATURE	FOTHAM TITLE_Regu	ılatory <u> </u>	DATE_02/23/15	
Type or print name lackie Lathau	E-mail address:	ilathan@mewbourne.c	om PHONE: 575-393-5905	
For State Use Only	E mun address.	J. Z. Maria Moduline.		
<del></del>				
APPROVED BY:	_	ord Only	DATE	
Conditions of Approval (if any):	Myb 3/2/2	ستماره ح		
	11WD 2/4/4	2000		•