| Submit 1 Copy To Appropriate District  | State of New Mexico                    |                     | Form C-103  |
|--|--|---------------------|---|
| Office District <u>I</u> – (575) 393-6161  | Energy, Minerals and Natural Resources |                     | Revised July 18, 2013                                   |
| 1625 N. French Dr., Hobbs, NM 88240  | = O, , and i talaid itesources         |                     | WELL API NO.  |
| <u>District 11</u> – (575) 748-1283  | OIL CONSERVATION DIVISION              |                     | 30-025-41532  |
| 811 S. First St., Artesia, NM 88210<br><u>District III</u> – (505) 334-6178  |  |                     | 5. Indicate Type of Lease                               |
| 1000 Río Brazos Rd., Aztec, NM 87410   | 1220 South St. Francis Dr.             |                     | STATE S FEE   |
| <u>District IV</u> – (505) 476-3460  | Santa Fe, NM                           | 87505               | 6. State Oil & Gas Lease No.                            |
| 1220 S. St. Francis Dr., Santa Fe, NM  |  |                     | E-7824  |
| 87505 SUNDRY NOTE  | CES AND REPORTS ON WELI                | C                   | 7 Loose Name on Unit Assessment Name                    |
| (DO NOT USE THIS FORM FOR PROPOS   | SALS TO DRILL OR TO DEEPEN OR P        | LUG BACK TO A       | 7. Lease Name or Unit Agreement Name Scharb 10 PA State |
| DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)   | CATION FOR PERMIT" (FORM C-101)        | FOR SUCH            |   |
| PROPOSALS.)  |  | HOBBS OCD           | 8. Well Number  |
| <ol> <li>Type of Well: Oil Well          \overline         \ov</li></ol> | Gas Well Other                         |                     | 1H  |
| 2. Name of Operator  |  | APR 2-7 2015        | 9. OGRID Number   |
| Mewbourne Oil Company  |  | AFR &   Lois        | 14744   |
| 3. Address of Operator   |  |                     | 10. Pool name or Wildcat                                |
| PO Box 5270, Hobbs NM 88241  |  | RECEIVED            | Quail Ridge; Bone Spring 50460                          |
| 4. Well Location   |  | RILOLIVE            |   |
|  |  |                     |   |
|  |  |                     |   |
| Section 10   | Township 19S                           | Range 34E           | NMPM Lea County   |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3922'   |  |                     |   |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   |  |                     |   |
| 12. Check Appropriate Box to indicate Nature of Notice, Report of Other Data   |  |                     |   |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:  |  |                     |   |
| PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   |  |                     |   |
| TEMPORARILY ABANDON  | CHANGE PLANS                           | 1                   | ILLING OPNS. P AND A                                    |
| PULL OR ALTER CASING   | MULTIPLE COMPL                         | CASING/CEMEN        | <del>_</del>  |
| DOWNHOLE COMMINGLE   | MOETH LE COMP L                        | O/ (OII TO/OLIVIE)  |   |
| CLOSED-LOOP SYSTEM   |  |                     |   |
| OTHER:   | П                                      | OTHER: RIH w/       | ′tbg & rods   |
| 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date  |  |                     |   |
| of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of   |  |                     |   |
| proposed completion or recompletion.   |  |                     |   |
| proposed completion of recompletion.   |  |                     |   |
|  |  |                     |   |
| 01/29/15 RIH w/2 %" 6.5# L80 tbg to 10303' & rods to 10235'  |  |                     |   |
| 01/29/15 RHT W/2 /8 0.5% Edd tog to 10505 to 10255   |  |                     |   |
|  |  |                     |   |
|  |  |                     |   |
|  |  |                     |   |
|  |  |                     |   |
|  |  |                     |   |
|  |  |                     |   |
|  |  |                     |   |
| Spud Date: 01/02/2014  | Rig Rel                                | ease Date: 02/08/20 | 14  |
|  | S                                      |                     |   |
|  |  |                     |   |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |  |                     |   |
| Thereby certify that the information above is true and complete to the best of my knowledge and benefit  |  |                     |   |
|  |  |                     |   |
| SIGNATURE AND A  | O + h . TITLE Re                       | gulatory            | DATE. 04/22/15  |
| SIGNATURE DATE 04/22/15  |  |                     |   |
| Type or print name. Jackie Lathan E-mail address: ilathan@mewbourne.com PHONE: 575-393-5905  |  |                     |   |
| For State Use Only A A   |  |                     |   |
| 1/- 1 -  |  |                     |   |
| APPROVED BY: May Sour TITLE Dist. Supervisor DATE 4/28/2015  |  |                     |   |
| Conditions of Approval (if any):   |  |                     |   |
| ( <del></del> )//  |  |                     | - · · · · · · · · · · · · · · · · · · ·                 |