Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u> = (575) 393-6161	Energy, Minerals and Natural Resource	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
<u>District II</u> – (575) 748-1283	OIL CONSERVATION DIVISION	30-025-40638
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410		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		VB-1191
SUNDRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
l e e e e e e e e e e e e e e e e e e e	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
	CATION FOR PERMIT" (FORM C-101) FOR SUCH	Sable Boil State
PROPOSALS.)	HOBBS OCD	8. Well Number
1. Type of Well: Oil Well 🔀	Gas Well Other	1H
2. Name of Operator	ADD to a 2015	9. OGRID Number
Mewbourne Oil Company	APR 2 2 2015	14744
3. Address of Operator		10. Pool name or Wildcat
PO Box 5270, Hobbs NM 88241	RECEIVED	Antelope Ridge; Bone Spring Northwest
4. Well Location	WEDEI VED	
Unit Letter M :	660feet from theSouth line and	330 _ feet from the West _ line
Section 9	Township 23S Range 34E	
Section 9	11. Elevation (Show whether DR, RKB, RT, GF	
3423' GL		
12. Check A	Appropriate Box to Indicate Nature of No	tice, Report or Other Data
NOTICE OF INTENTION TO:		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON   REMEDIAL	
TEMPORARILY ABANDON	1 .	E DRILLING OPNS.☐ P AND A ☐
PULL OR ALTER CASING	MULTIPLE COMPL   CASING/CE	MENT JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		
OTHER:	OTHER:	5' new hole
		ls, 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.		
04/20/2015 Made 5' of new hole. TD 275'. Hole size 12".		
04/20/2015 Widde 5 of new hole. The 275 to Tole Size 12 to		
•	•	
Spud Date: 06/28/12	Rig Release Date:	
I hereby certify that the information	above is true and complete to the best of my know	wledge and belief.
		,,,,
•	V 14	
SIGNATURE TOCKLO	TITLE Regulatory	DATE_04/20/15
()	7 C	
Type or print nameJackie Lathan_	E-mail address: jlathan@mew	bourne.com PHONE: 575-393-5905
For State Use Only		
Accepted f	or Record Only	DATE
APPROVED BY:	True	DATE
Conditions of Approval (if any):		