

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 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  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. 30-025-42436
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VB-1832
7. Lease Name or Unit Agreement Name Toro 36 B3DM State
8. Well Number 1H
9. OGRID Number 14744
10. Pool name or Wildcat Antelope Ridge; Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3402' GL

**SUNDRY NOTICES AND REPORTS ON WELLS**  
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well  Gas Well  Other  **HOBBS OCD**

2. Name of Operator  
Mewbourne Oil Company

3. Address of Operator  
PO Box 5270, Hobbs NM 88241

4. Well Location  
 Unit Letter D : 200 feet from the North line and 660 feet from the West line  
 Section 36 Township 23S Range 34E NMPM Lea County

**RECEIVED**

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>CLOSED-LOOP SYSTEM <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>
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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.

05/10/2015 Continue drlg w/17 1/2" bit to 955'. RIH w/13 3/8" 48# H40 ST&C csg to 955'. Cmt w/600 sks Class C w/additives. Mixed @ 13.5#/g w/1.75 yd. Tail w/200 sks Class C w/2% CaCl2. Mixed @ 14.8#/g w/1.34 yd. Plug down @ 3:30 P.M. 05/11/15. Circ 182 sks of cmt to the pit.

Csg would not test. Squeeze csg leak w/983 sks class C cmt w/CaCl2. Mixed @ 14.8#/g w/1.64 yd. At 11:30 A.M. 05/15/15 tested csg & BOPE to 1250# for 30 mins, held OK. Continue drlg w/12 1/4" bit.

Spud Date: 03/31/15

Rig Release Date:

**E-PERMITTING - - New Well** \_\_\_\_\_  
 Comp \_\_\_\_\_ P&A \_\_\_\_\_ TA \_\_\_\_\_  
 CSNG MB Loc Chng \_\_\_\_\_  
 ReComp \_\_\_\_\_ Add New Well \_\_\_\_\_  
 Canc'l Well \_\_\_\_\_ Create Pool \_\_\_\_\_

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Jackie Lathan TITLE Regulatory DATE 05/29/15

Type or print name Jackie Lathan E-mail address: jlathan@mewbourne.com PHONE: 575-393-5905

**For State Use Only**

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 06/11/15  
 Conditions of Approval (if any):

JUN 11 2015

*m*