

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.

5. Lease Serial No.
NMNM128929

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

| | | |
|--|---|--|
| 1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | | 8. Well Name and No. PADUCA 7/6 A2ED FED COM 1H |
| 2. Name of Operator MEWBOURNE OIL COMPANY Contact: JACKIE LATHAN E-Mail: jlathan@mewbourne.com | | 9. API Well No. 30-025-42320 |
| 3a. Address PO BOX 5270 HOBBS, NM 88241 | 3b. Phone No. (include area code) Ph: 575-393-5905 | 10. Field and Pool, or Exploratory BONE SPRING |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 7 T26S R32E Mer NMP SWNE 2455FNL 1650FEL | | 11. County or Parish, and State LEA COUNTY, NM |

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 Drilling Operations |
| | <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 recomplete 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.)

01/27/15 TD 8 3/4" hole @ 16000'. Ran 15994' of 5 1/2" 17# P110 BT&C & LT&C csg. Cemented with 1400 sks Lite Class C (60:40:0)w/additives. Mixed @ 11.2 #/g w/2.98 yd. Set wellhead slips w/130k#. Tested tbg spool pack-off to 4000#. Plug down @ 5:00 P.M. 01/27/15. Did not circ cmt. Slow rate lift pressure @ 1028# @ 2.8 BPM.

01/28/15 Rig released to move @ 6:00 A.M.

Bond on file: NM1693 nationwide & NMB000919

Bond on file: 22015694 nationwide & 022041703 Statewide

HOBBS OCD

AUG 17 2015

RECEIVED

14. I hereby certify that the foregoing is true and correct.
**Electronic Submission #289994 verified by the BLM Well Information System
 For MEWBOURNE OIL COMPANY, sent to the Hobbs
 Committed to AFMSS for processing by DEBORAH HAM on 07/17/2015**

| | | |
|---|---------------------------------|--|
| Name (Printed/Typed) JACKIE LATHAN | Title AUTHORIZED REPRESENTATIVE | ACCEPTED FOR RECORD AUG 6 2015 <i>[Signature]</i> |
| Signature (Electronic Submission) | Date 01/29/2015 | |
| THIS SPACE FOR FEDERAL OR STATE OFFICE USE | | |
| Approved By _____ | Title _____ | BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE Date _____ |

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 *[Signature]*

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.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

SEP 09 2015

Additional data for EC transaction #289994 that would not fit on the form

32. Additional remarks, continued