

HOBBS OCD

AUG 22 2016

RECEIVED

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

5. Lease Serial No.
NMNM04371A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
NMNM91005X

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

8. Well Name and No.
QPQAS UNIT 14

9. API Well No.
30-025-28050-00-S1

10. Field and Pool, or Exploratory
QUERCHO PLAINS

11. County or Parish, and State
LEA COUNTY, NM

1. Type of Well
 Oil Well Gas Well Other: INJECTION

2. Name of Operator
MEWBOURNE OIL COMPANY / Contact: JACKIE LATHAN
E-Mail: jlathan@mewbourne.com

3a. Address
HOBBS, NM 88241

3b. Phone No. (include area code)
Ph: 575-393-5905

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 22 T18S R32E SWSE 660FSL 1650FEL

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 checked="" 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 type="checkbox"/> Other
	<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.)

06/22/2016 Pressured csg to 600# & performed MIT, held OK. George Bowen w/NMOCD witnessed test.

Test report & chart attached from NMOCD attached.

Bond on file: NM1693, Nationwide & NMB000919

14. I hereby certify that the foregoing is true and correct.
**Electronic Submission #344226 verified by the BLM Well Information System
For MEWBOURNE OIL COMPANY, sent to the Hobbs
Committed to AFMSS for processing by PRISCILLA PEREZ on 07/11/2016 (16PP0879SE)**

Name (Printed/Typed) ROBIN TERRELL Title PRODUCTION SUPT

Signature (Electronic Submission) Date 07/08/2016

ACCEPTED FOR RECORD

AUG 16 2016

PRK

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____

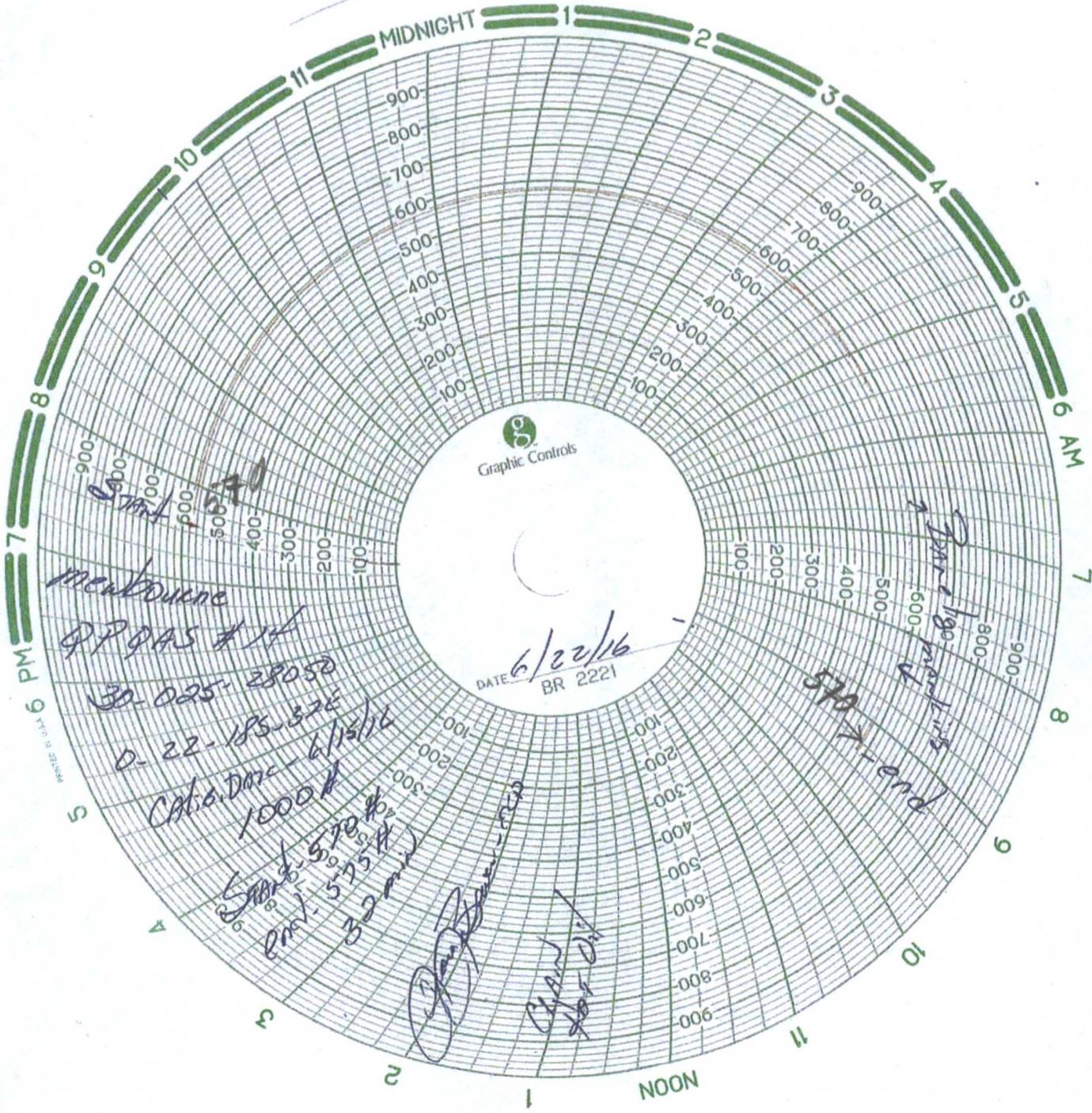
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office _____

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.

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

Accepted for Record Only
MWB/OCD 8/22/2016



Graphic Controls

DATE 6/22/16
BR 2221

mentouene
 9P 9AS #14
 30-025-28050
 D-22-185-32E
 Catio Done - 6/15/16
 1000 #
 Spark - 570 #
 emy - 575 #
 32 mil

700 # end
 600 #
 500 #
 400 #
 300 #
 200 #
 100 #

[Signature]
[Signature]

State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <i>menbouene</i>	API Number <i>30-025-28050</i>
Property Name <i>QPPAS</i>	Well No. <i>14</i>

² Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>0</i>	<i>22</i>	<i>1RS</i>	<i>32E</i>	<i>660</i>	<i>S</i>	<i>1650</i>	<i>E</i>	<i>Lea</i>

Well Status

TA'D WELL YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	SHUT-IN YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INJECTOR <i>INJ</i>	SWD	OIL	PRODUCER GAS	DATE <i>6/22/16</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	\emptyset	<i>NA</i>	<i>NA</i>	\emptyset	<i>1600</i>
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/N	CO2 <input type="checkbox"/>
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR <input checked="" type="checkbox"/>
Surges	Y/N	Y/N	Y/N	Y/N	GAS <input type="checkbox"/>
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	Y/N	Y/N	Y/N	Y/N	
Water	Y/N	Y/N	Y/N	Y/N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date: <i>6/22/16</i>	Phone:	
Witness: <i>[Signature]</i>		