

HOBBS OGD
AUG 20 2016
RECEIVED

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: INJECTION		5. Lease Serial No. NMNM4609
2. Name of Operator MEWBOURNE OIL COMPANY / Contact: JACKIE LATHAN E-Mail: jlathan@mewbourne.com		6. If Indian, Allottee or Tribe Name
3a. Address HOBBS, NM 88241	3b. Phone No. (include area code) Ph: 575-393-5905	7. If Unit or CA/Agreement, Name and/or No. NMNM91005X
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 27 T18S R32E SENE 1650FNL 660FEL		8. Well Name and No. QPQAS UNIT 25
		9. API Well No. 30-025-28492-00-S1
		10. Field and Pool, or Exploratory QUERCHO PLAINS
		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 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 recomple horizontally, give subsurface locations and measured 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 recomple 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 #344534 verified by the BLM Well Information System For MEWBOURNE OIL COMPANY, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 07/14/2016 (16PP0891SE)	
Name (Printed/Typed) ROBIN TERRELL	Title PRODUCTION SUPT
Signature (Electronic Submission)	Date 07/13/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

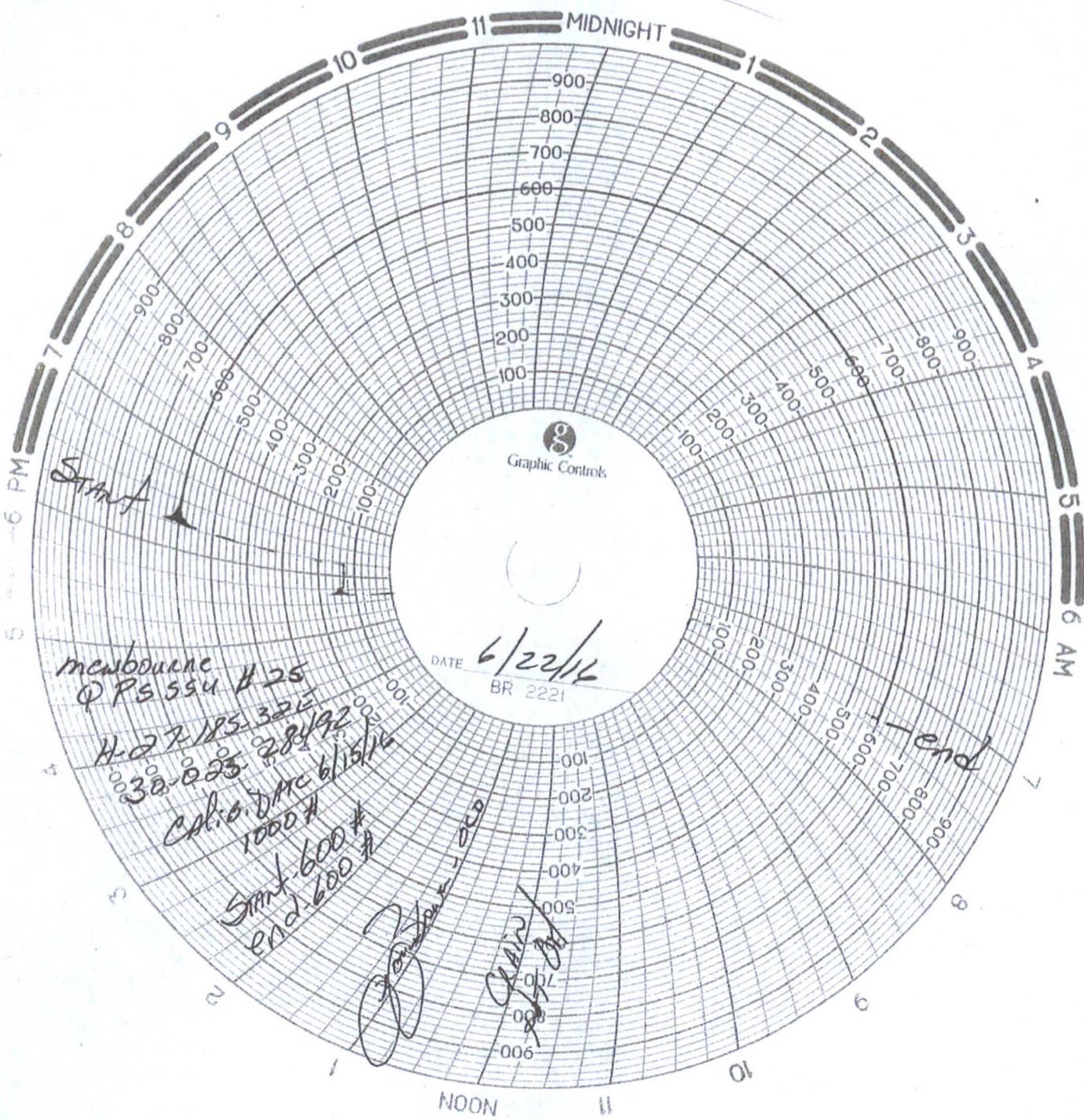
ACCEPTED FOR RECORD
AUG 16 2016
Plh...
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

Approved By _____	Title _____	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 _____

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 **

Accepted for Record Only
MJB/ocd 8/28/2016



START

menbourne
 QPS 554 #25
 H-2 7/185.32E
 30-025-28492
 Cpl. DMC 6/15/16
 1000 #
 Start 600 #
 End 600 #

DATE 6/22/16
 BR 2221

[Handwritten signature]
[Handwritten signature]

end

Graphic Controls

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

BRADENHEAD TEST REPORT

Operator Name <i>mcwhourne</i>		API Number <i>30-025-28492</i>
Property Name <i>QPB554</i>		Well No. <i>25</i>

Surface Location

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County
<i>H</i>	<i>27</i>	<i>18S</i>	<i>32E</i>	<i>1650</i>	<i>N</i>	<i>660</i>	<i>E</i>	<i>LRA</i>

Well Status

TA'D WELL YES	NO	YES	SHUT-IN NO	NO	INJ	INJECTOR 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>900</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <input type="checkbox"/>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <input type="checkbox"/>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <input type="checkbox"/>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid Injected for Waterflood if applies.
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	

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

Signature: <i>[Signature]</i>	OIL CONSERVATION DIVISION
Printed name: <i>Cade Carter</i>	Entered into RBDMS
Title: <i>Production Engineer</i>	Re-test
E-mail Address: <i>ccarter@mcwhourne.com</i>	
Date: <i>6/22/16</i>	
Phone:	
Witness: <i>[Signature]</i>	