

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.

NMOCD
Hobbs

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

5. Lease Serial No.
NMNM105559

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
JENNINGS 34 W1MD FED COM 1H /

9. API Well No.
30-025-43362-00-X1

10. Field and Pool or Exploratory Area
JENNINGS

11. County or Parish, State
LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well
 Oil Well Gas Well Other

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 3 T26S R32E Lot 4 300FNL 1070FWL /

RECEIVED
DEC 27 2016

12. CHECK THE 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"/> Hydraulic Fracturing	<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 Well Spud
	<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 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

11/07/16 Spud 17 1/2" hole. TD hole @ 1168'. Ran 1168' of 13 3/8" 54.5# J55 ST&C csg. Cemented with 800 sks Class C w/additives. Mixed @ 13.5 #/g w/1.73 yd. Tail w/200 sks Class C w/2% CaCl2. Mixed @ 14.8#/g w/1.34 yd.

Plug down @ 4:15 AM 11/09/16. Circ 227 sks of cmt to the pits. Tested wellhead to 800#. Tested BOPE to 2000# & Annular to 1000#.

At 8:30 AM 11/10/16, tested csg to 1500# for 30 mins, held OK.

Drilled out with 12 1/4" bit.

Chart & Schematic Attached.

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #360945 verified by the BLM Well Information System
For MEWBOURNE OIL COMPANY, sent to the Hobbs
Committed to AFMSS for processing by JENNIFER SANCHEZ on 12/20/2016 (17JAS0128SE)

Name (Printed/Typed) JACKIE LATHAN Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission) Date 12/14/2016

ACCEPTED FOR RECORD
DEC 21 2016
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

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.

(Instructions on page 2)

** BLM REVISED **

Additional data for EC transaction #360945 that would not fit on the form

32. Additional remarks, continued

Bond on file: NM1693 nationwide & NMB000919

MAN WELDING SERVICES, INC

Company Mewbourne Date 11-9-16

Lease Jennings Fed. com. 1H County Lea N.M.

Drilling Contractor Ratterson Plug & Drill Pipe Size 12" co2 CET 39

Accumulator Pressure: 3000 Manifold Pressure: 1500 Annular Pressure: 850

Accumulator Function Test - OO&GO#2

To Check - USABLE FLUID IN THE NITROGEN BOTTLES (III.A.2.c.i. or ii or iii)

- Make sure all rams and annular are open and if applicable HCR is closed.
- Ensure accumulator is pumped up to working pressure! (Shut off all pumps)
 1. Open HCR Valve. (If applicable)
 2. Close annular.
 3. Close **all** pipe rams.
 4. Open one set of the pipe rams to simulate closing the blind ram.
 5. For 3 ram stacks, open the annular to achieve the 50+ % safety factor. (5M and greater systems).
 6. Record remaining pressure 1600 psi. Test Fails if pressure is lower than required.
 - a. {950 psi for a 1500 psi system} b. {1200 psi for a 2000 & 3000 psi system }
 7. If annular is closed, open it at this time and close HCR.

To Check - PRECHARGE ON BOTTLES OR SPHERICAL (III.A.2.d.)

- Start with manifold pressure at, or above, maximum acceptable pre-charge pressure:
 - a. {800 psi for a 1500 psi system} b. {1100 psi for 2000 and 3000 psi system}
- 1. Open bleed line to the tank, slowly. (gauge needle will drop at the lowest bottle pressure)
- 2. Close bleed line. Barely bump electric pump and see what pressure the needle jumps up to.
- 3. Record pressure drop 1000 psi. Test fails if pressure drops below minimum.
- Minimum: a. {700 psi for a 1500 psi system} b. {900 psi for a 2000 & 3000 psi system}

To Check - THE CAPACITY OF THE ACCUMULATOR PUMPS (III.A.2.f.)

- Isolate the accumulator bottles or spherical from the pumps & manifold.
- Open the bleed off valve to the tank, {manifold psi should go to 0 psi} close bleed valve.
 1. Open the HCR valve, {if applicable}
 2. Close annular
 3. With pumps only, time how long it takes to regain the required manifold pressure.
 4. Record elapsed time 1:23. Test fails if it takes over 2 minutes.
 - a. {950 psi for a 1500 psi system} b. {1200 psi for a 2000 & 3000 psi system}



MAN
WELDING SERVICES

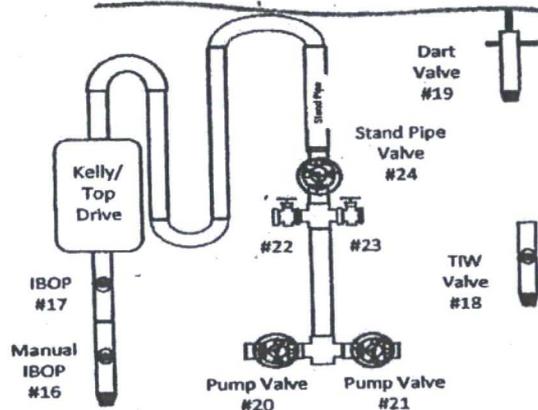
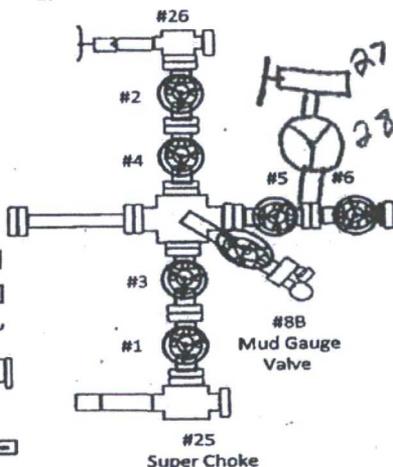
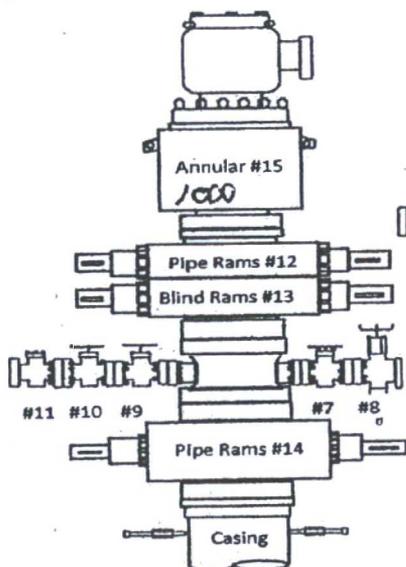
WELDING • BOP TESTING
NIPPLE UP SERVICE • BOP LIFTS • TANDEM
MUD AND GAS SEPARATORS
Lovington, NM • 575-396-4540

Pg. 1 of 2

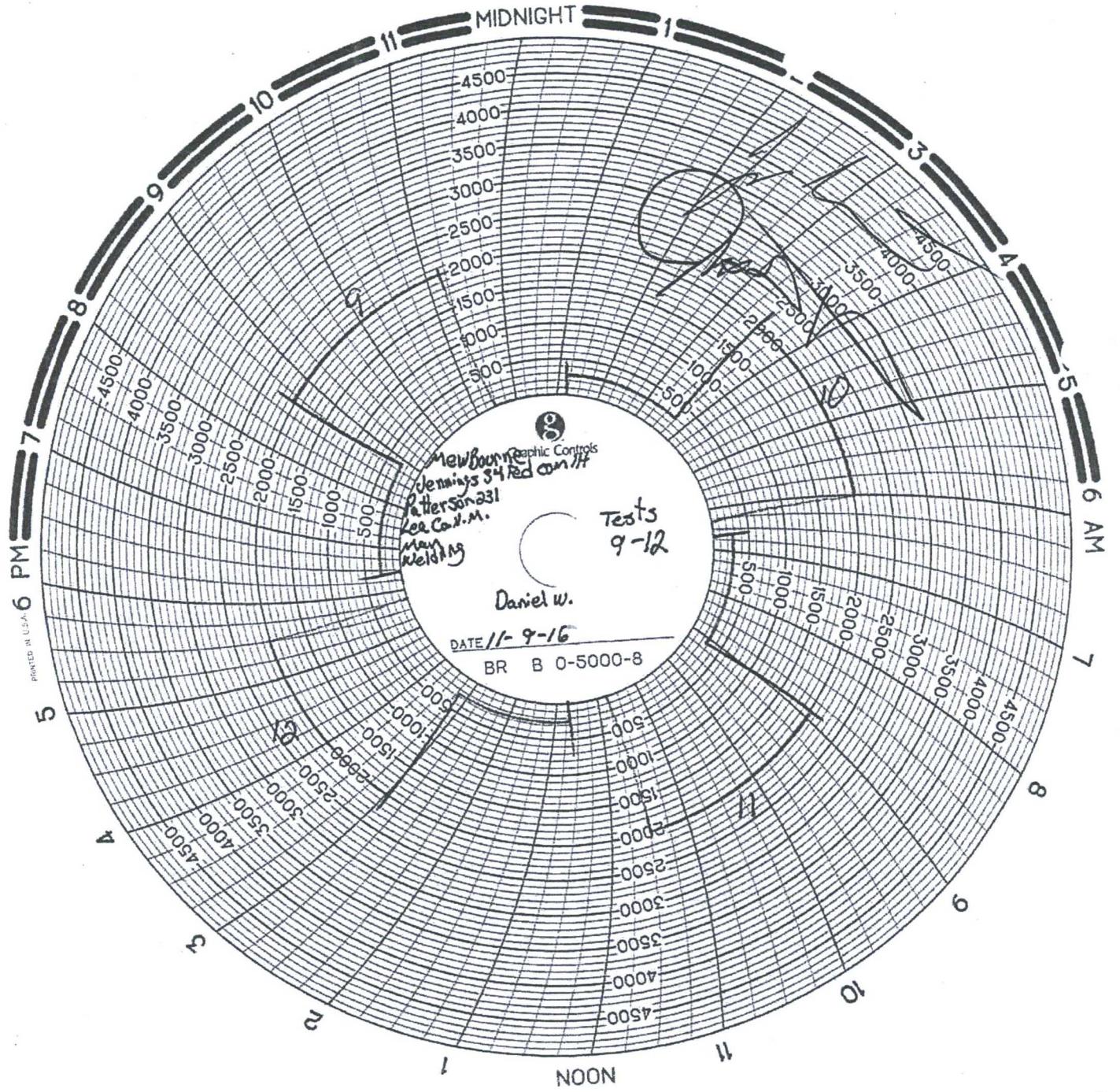
Company: Mex Bourne Date: 11-9-16 Invoice #: 77453
Lease: Jennings 34 Fed. Com. 1H Drilling Contractor: Patterson Rig #: 231
Plug Size & Type: 12" C22 Drill Pipe Size: CET 39 Tester: Daniel Whiteland
Required BOP: 2000 Installed BOP: _____

Appropriate Casing Valve Must Be Open During BOP Test

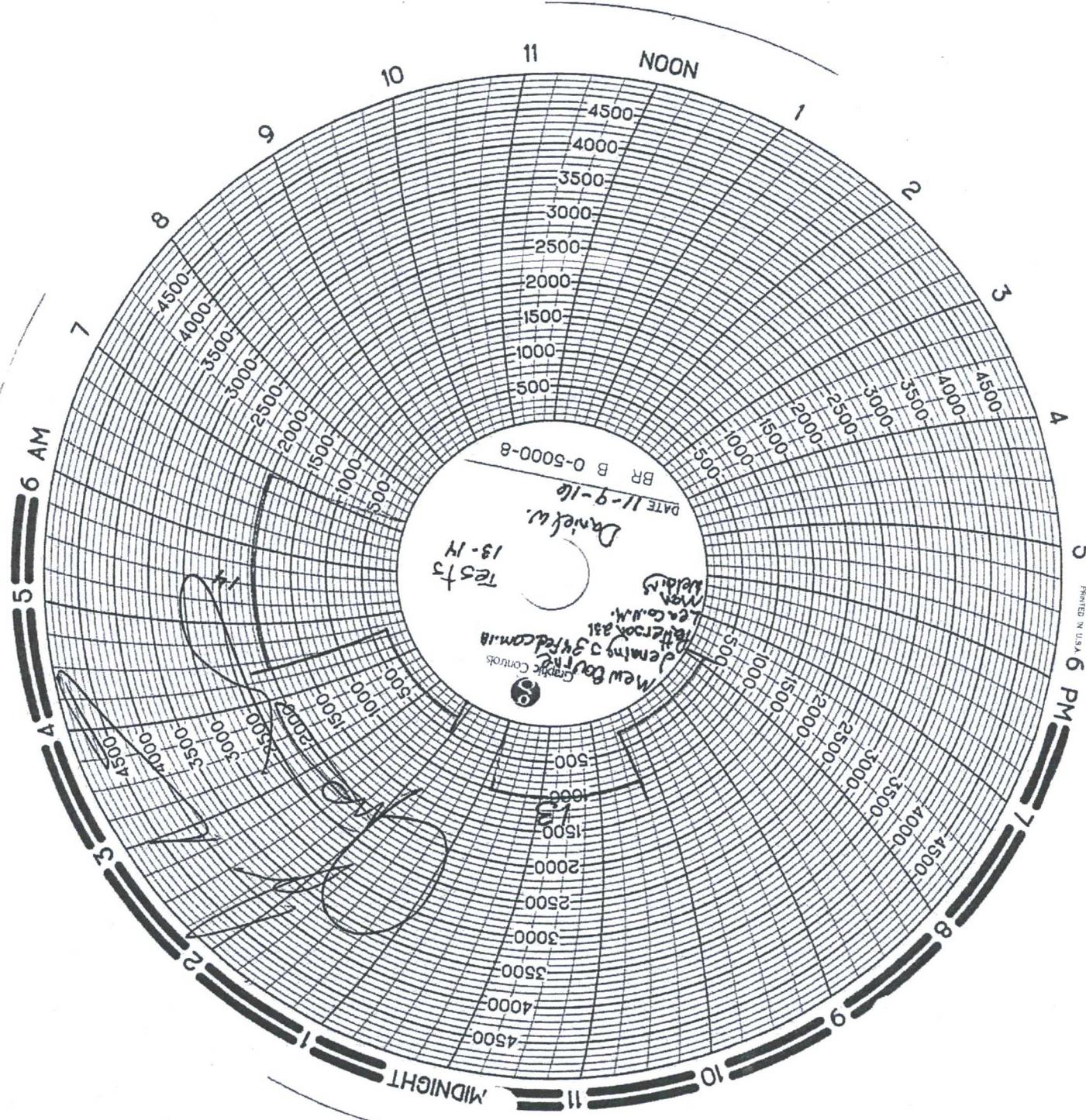
* Check Valve Must Be Open/Disabled To Test Kill Line Valves *



TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1	18	10	250	2000	<div style="font-size: 4em; font-family: cursive;">Pass</div>
2	19	10	250	2000	
3	20, 21, 22, 23	10	250	2000	
4	24	10	250	2000	
5	17	10	250	2000	
6	16	10	250	2000	
7	8, 25, 26, 27	Bump test	-	2000	
8	8, 1, 2, 6, 28	10	250	2000	
9	13, 9, 3, 4, 5	10	250	2000	
10	12, 10, 3, 4, 5, 8B	10	250	2000	
11	12, 10, 8	10	250	2000	
12	12, 11, 7	10	250	2000	
13	15, 11, 7	10	350	1000	
14	14	10	250	2000	



PRINTED IN U.S.A.



PRINTED IN U.S.A.