

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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.

NOTICE
Hobbs
AUG 23 2017
RECEIVED

Case Serial No.
NMNM128929

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
PADUCA 7 6 W1ED FED COM 2H

9. API Well No.
30-025-43216-00-X1

10. Field and Pool or Exploratory Area
WILDCAT;WOLFCAMP

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
P O BOX 5270
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 7 T26S R32E Lot 2 2455FNL 660FWL

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 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 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.

07/25/2017 TD 12 1/4" hole @ 4320'. Ran 4304' of 9 5/8" 40# N80 LT&C csg. Cmt w/875 sks Class C (35:65:6) w/additives. Mixed 12.9#/g w/1.91 yd. Tail w/200 sks Class C w/0.2% Retarder. Mixed @ 14.8#/g w/1.32 yd. Displaced w/323 bbls FW. Plug down @ 11:30 P.M. 07/25/17. Circ 88 sks of cmt to the pit. Tested BOPE to 10000# & Annular to 5000#. Tested standpipe & mud lines to the pump to 5000#. At 2:15 P.M. 07/27/17, tested csg to 1500# for 30 min, held OK. FIT test to 9.4 PPG EMW.

Chart & Schematic Attached.

Bond on file: NM1693 nationwide & NMB000919

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #383652 verified by the BLM Well Information System
For MEWBOURNE OIL COMPANY, sent to the Hobbs
Committed to AFMSS for processing by JENNIFER SANCHEZ on 08/08/2017 (17JAS0248SE)

Name (Printed/Typed) JACKIE LATHAN

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 08/03/2017

ACCEPTED FOR RECORD

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

AUG 10 2017

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 _____

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD 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 ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

K2

Chevron-Use Only

MAN WELDING SERVICES, INC

DSM & Rig manager
-must be present

Company MENBOURNE OIL COMPANY Date 07-26-17

Lease PHUCA 7/6 WIC/Fed COM #2H County LEA

Drilling Contractor Patterson-UTI Plug & Drill Pipe Size 11" ID, 4 1/2 IF

Accumulator Pressure: 3000 Manifold Pressure: 1500 Annular Pressure: 1000

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. Record remaining pressure 1550 psi. Test Fails if pressure is lower than required.
 - a. {1285 psi for a 1500 psi system} b. {1385 psi for a 2000 psi system} c. {1500 psi for a 3000 system}
 6. 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 1:38. 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}

DSM Signed: _____
Rig Manager Signed _____



MAN WELDING SERVICES

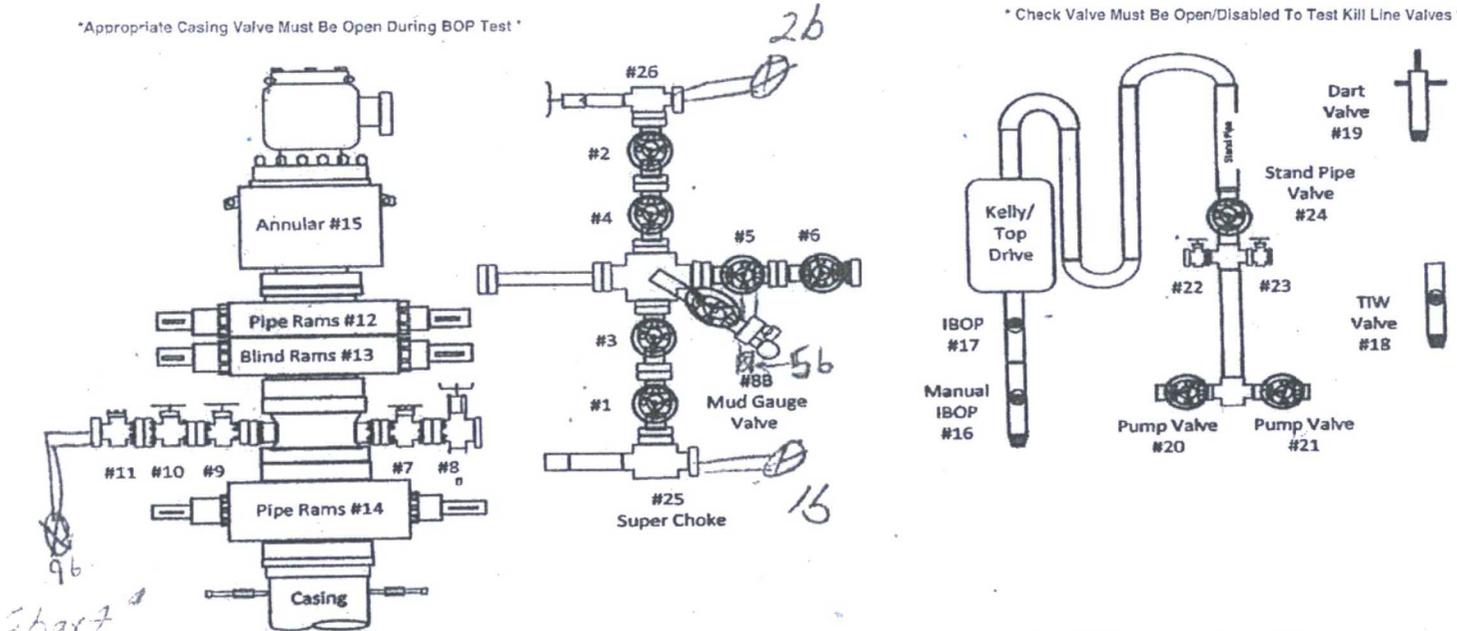
WELDING • BOP TESTING
 NIPPLE UP SERVICE • BOP LIFTS • TANDEM
 MUD AND GAS SEPARATORS
 Lovington, NM • 575-396-4540

Pg. _____ of _____

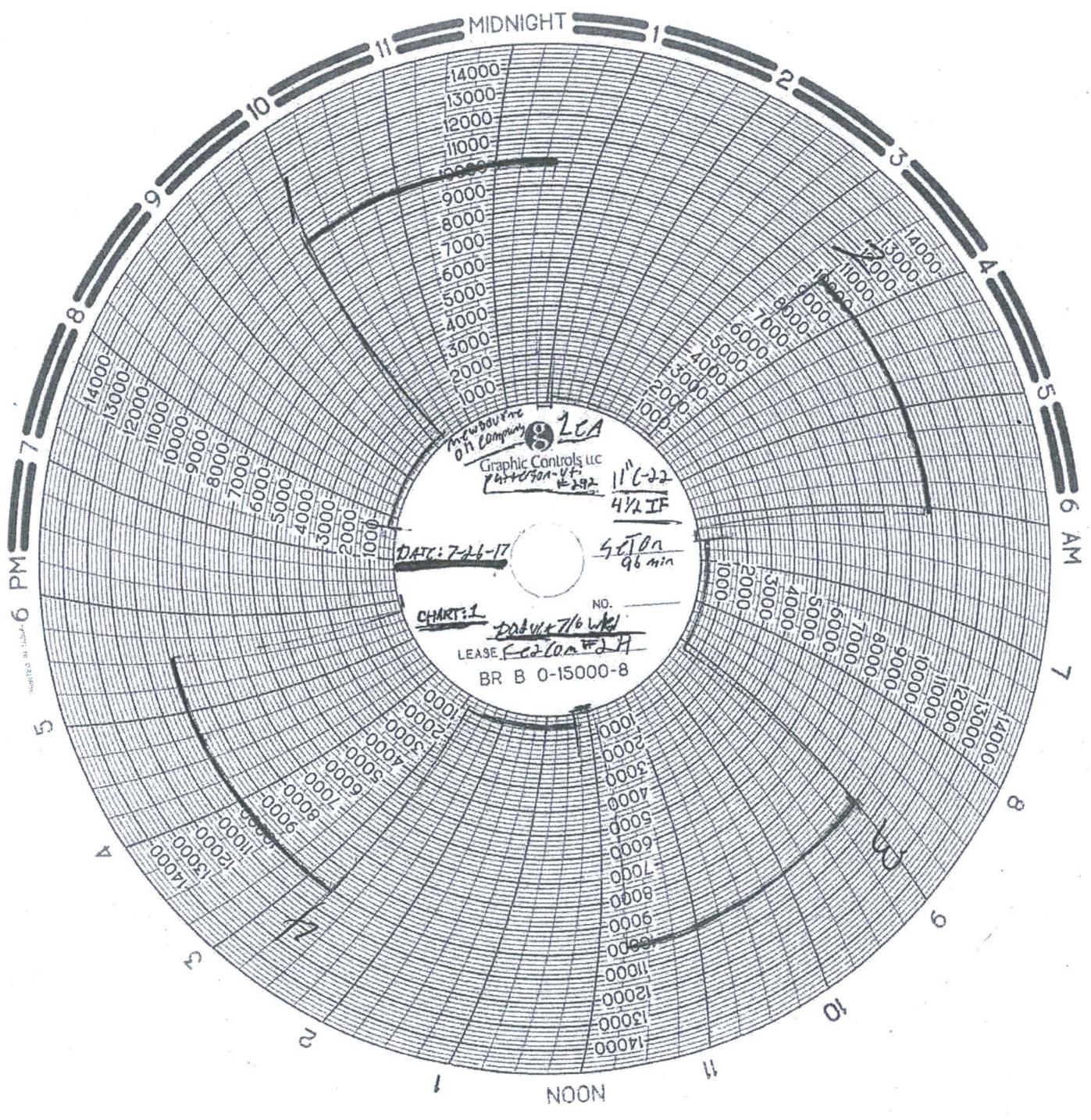
Company: MTW BOURGEOIS OIL COMPANY Date: 07-26-17 Invoice # B80286
 Lease: PAVCA 7/6 WIED FELD COM #2 H Drilling Contractor: PATTERSON-UTI Rig # 242
 Plug Size & Type: 11" C-22 Drill Pipe Size: 4 1/2 IF Tester: [Signature]
 Required BOP: 10,000 Installed BOP: 10K R 92 [Signature]

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	1 DRUCK	10/10	250	10,000	OK
	2 18	10/10	250	10,000	OK
	3 19	10/10	250	10,000	OK
	4 16	10/10	250	10,000	OK
	5 17	10/10	250	10,000	OK
2	6 20, 21, 22, 23	10/10	250	10,000	OK
	7 7, 6, 26, 5, 6, 6, 8, 6, 9, 15	10/10	250	5000	OK
	8 1, 2, 3, 5, 6, 6, 8, 4, 9, 12	10/10	250	10,000	OK
	9 8, 10, 12	10/10	250	10,000	OK
3	10 7, 9, 12	10/10	250	10,000	OK
	11 14	10/10	250	10,000	OK
	12 2, 2, 5, 11, 13	10/10	250	10,000	OK
4	13 2, 5, 2, 6, 5, 11, 13	Bump		10,000	Pressured to 10,000 then Bleed off
	14 3, 4, 5, 8, 6, 11, 13	10/10	250	10,000	OK



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