

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

HOBBS OGD
 JAN 09 2018
 RECEIVED

Form C-103
 Revised July 18, 2013

<p style="text-align: center;">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)</p> <p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p> <p>2. Name of Operator Mewbourne Oil Company</p> <p>3. Address of Operator PO Box 5270, Hobbs NM 88240</p> <p>4. Well Location Unit Letter <u>A</u> : <u>300</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>East</u> line Section <u>36</u> Township <u>23S</u> Range <u>34E</u> NMPM <u>Lea</u> County</p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3401' GL</p>	<p>WELL API NO. 30-025-43929</p> <p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil & Gas Lease No.</p> <p>7. Lease Name or Unit Agreement Name Toro 36 B3AP State</p> <p>8. Well Number 1H</p> <p>9. OGRID Number 14744</p> <p>10. Pool name or Wildcat Antelope Ridge; Bone Spring (2200)</p>
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p style="text-align: center;">NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/></p>	<p style="text-align: center;">SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Completion Sundry <input checked="" type="checkbox"/></p>
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13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

12/12/17 Frac Bone Spring from 11835' MD to 16300 MD, 792 holes, 0.39" EHD, 120 deg phasing. Frac in 22 stages w/8,712,508 gals of SW, carrying 5,272,660# 100 Mesh sand & 2,664,301# 30/50 sand. Flowback well for cleanup.

12/23/17 Put well on production.

We are asking for an exemption from tubing at this time.

Spud Date: 09/30/2017

Rig Release Date: 11/05/2017

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Jackie Lathan TITLE Regulatory DATE 12/29/17

Type or print name Jackie Lathan E-mail address: jlathan@mewbourne.com PHONE: 575-393-5905

For State Use Only

APPROVED BY: Maley Brown TITLE AO/II DATE 1/22/2018
 Conditions of Approval (if any):