

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.

5. Lease Serial No.
NMNM0127A

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

JUN 13 2018
RECEIVED

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

8. Well Name and No.
SALADO DRAW 9/16 W1BO FED COM 3H

9. API Well No.
30-025-44540-00-X1

10. Field and Pool or Exploratory Area
WILDCAT;WOLFCAMP

11. County or Parish, State
LEA COUNTY, NM

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 9 T26S R33E NWNE 310FNL 2260FEL
32.064419 N Lat, 103.576012 W Lon

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 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.

04/16/18..Spud 17 1/2" hole @ 1045'. Ran 1035' of 13 3/8" 54.5# J55 ST&C Csg. Cemented with 725 sks Class C w/additives. Mixed @ 13.5/g w/ 1.74 yd. Tail w/200 sks Class C w/1% CaCl2. Mixed @ 14.8#/g w/1.34 yd. Displaced w/154 bbls of BW. Plug down @ 10:15 PM 04/17/18. Circ 240 sks of cmt to the pits. Test BOPE to 10000# & Annular to 5000#. At 8:00 A.M. 04/19/18, tested csg to 1500#, held OK. FIT test to EMW of 10.8 PPG. Drilled out with 12 1/4" bit.

Charts attached.

Bond on file: 22015694 nationwide & 022041703 Statewide

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

Electronic Submission #422422 verified by the BLM Well Information System
For MEWBOURNE OIL COMPANY, sent to the Hobbs
Committed to AFMSS for processing by PRISCILLA PEREZ on 06/05/2018 (18PP1165SE)

Name (Printed/Typed) JACKIE LATHAN Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission) Date 06/04/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE FOR RECORD

Approved By _____ Title _____ Date _____

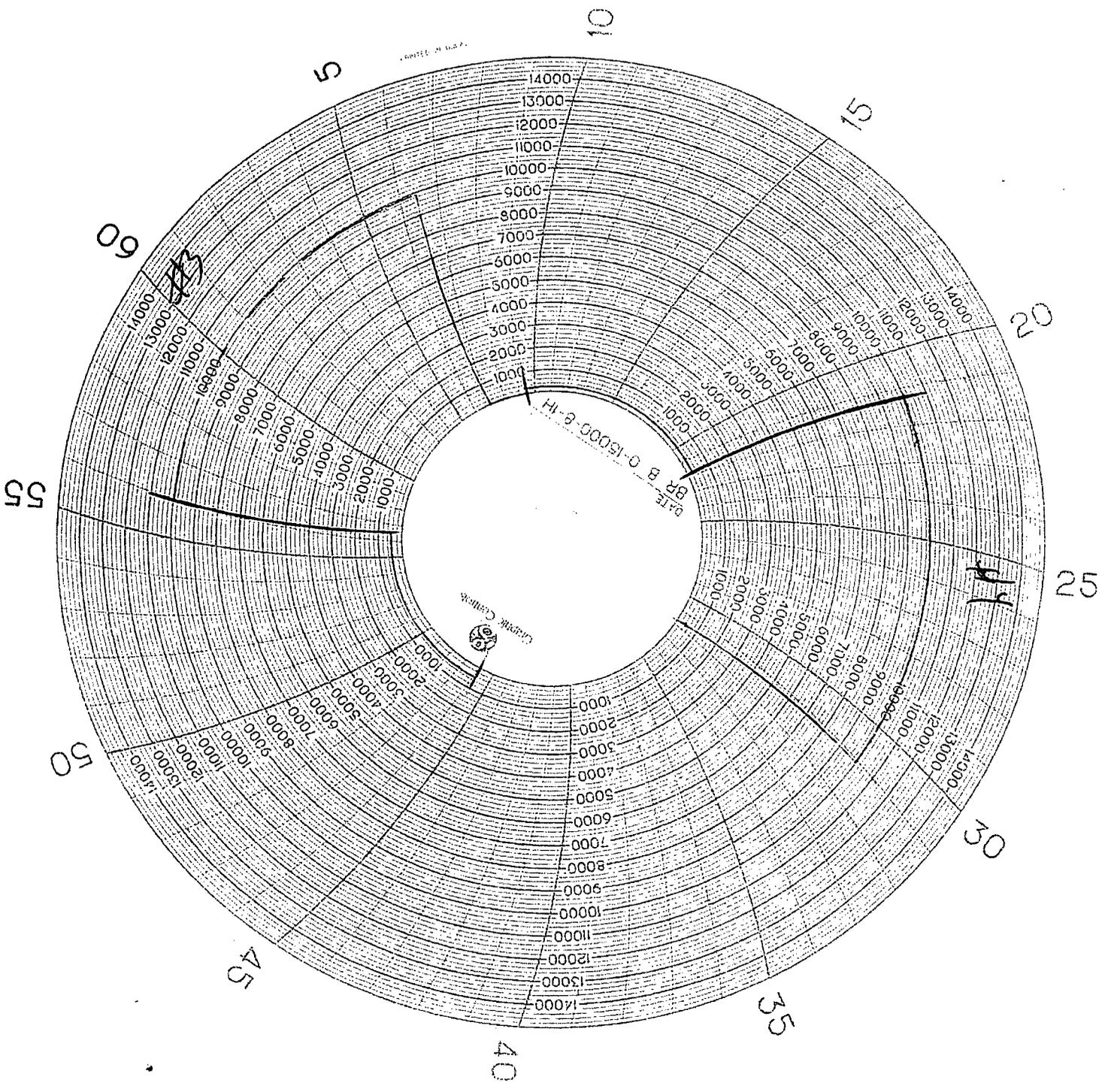
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office _____ JUN - 6 2018
/s/ Jonathon Shepard

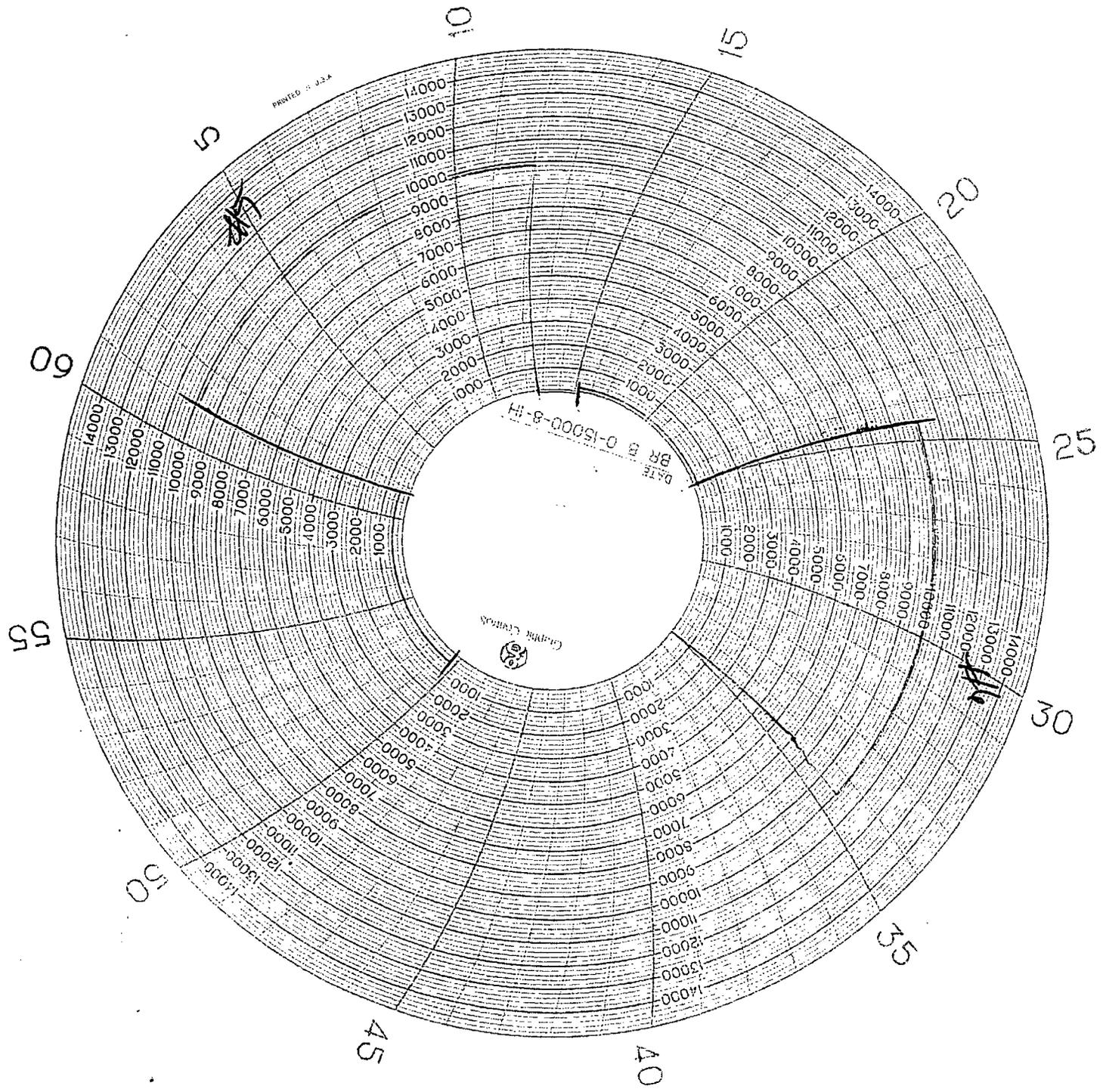
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction. CARLSBAD FIELD OFFICE

(Instructions on page 2)

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



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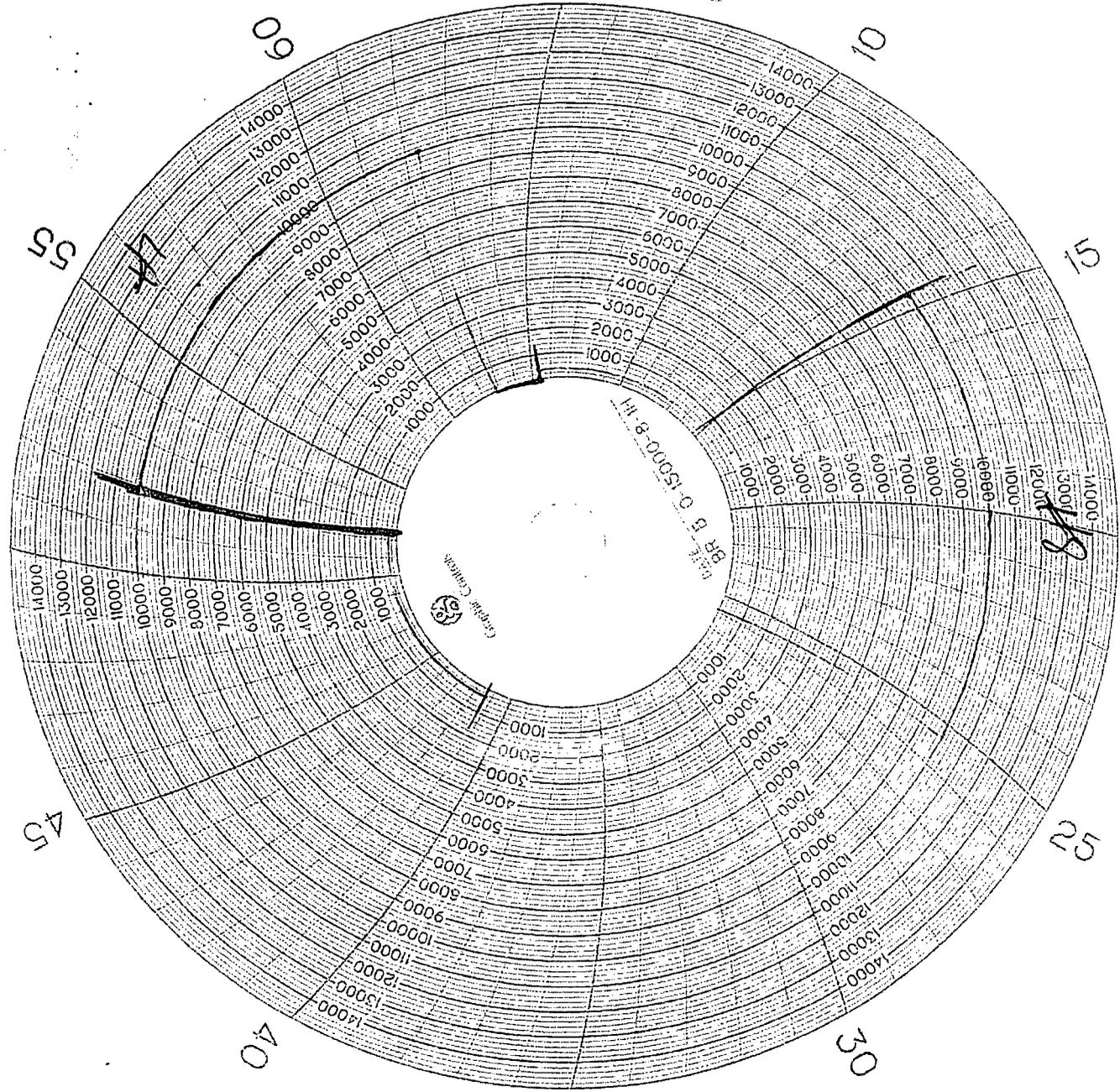
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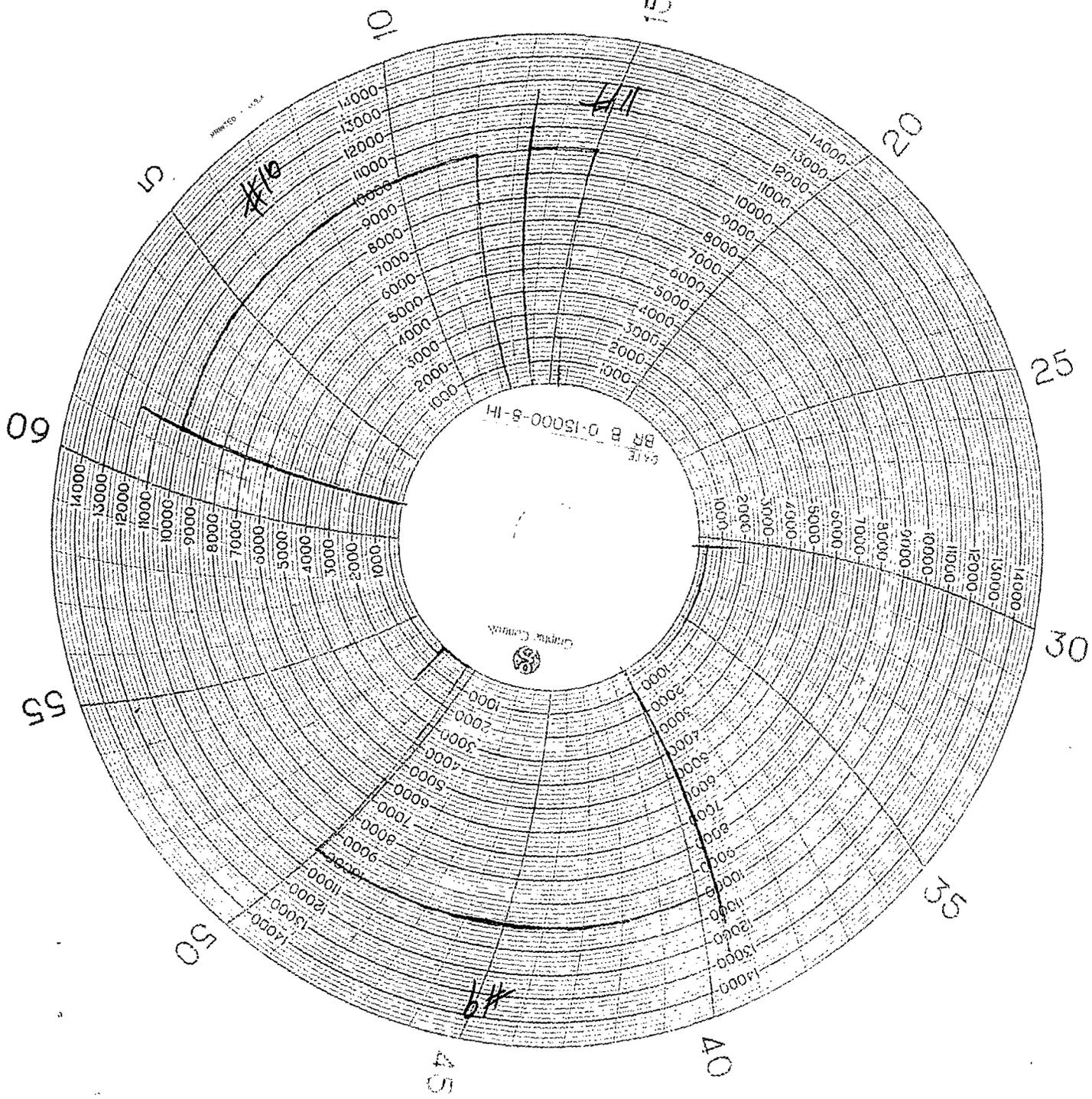
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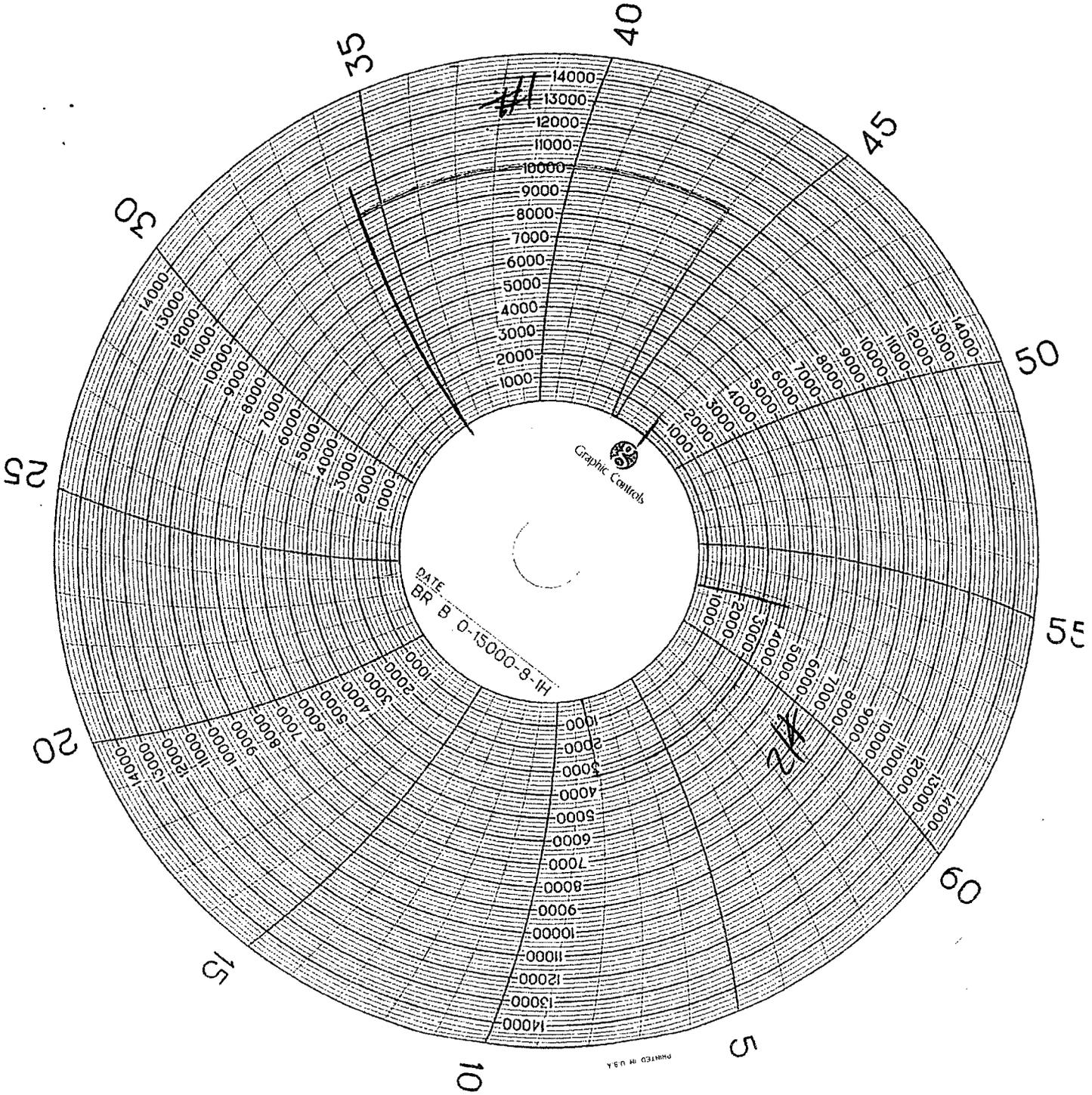
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Graphic Controls

DATE: BR B 0-15000-8-1H

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MAN WELDING SERVICES, INC

Company Newbourn Date 9-18-18

Lease Selardo Drive W. 11th St. Midland, TX County 199 County

Drilling Contractor Patterson 231 Plug & Drill Pipe Size 12" 6-22 4 1/2" 11-30 4 3/4"

Accumulator Pressure: 3000 Manifold Pressure: 1500 Annular Pressure: 1200

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 1400 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 1.51 sec. 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}

