

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**SUNDRY NOTICES AND REPORTS** **Carlsbad Field Office**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such purposes.* **OCD Hobbs**

5. Lease Serial No. NMNM13641  
6. If Indian, Allottee or Tribe Name  
7. If Unit or CA/Agreement, Name and/or No.  
8. Well Name and No. IBEX 10 B3OB FED COM 1H  
9. API Well No. 30-025-44587-00-X1  
10. Field and Pool or Exploratory Area ANTELOPE RIDGE-BONE SPRING, W  
11. County or Parish, State LEA COUNTY, NM

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

**SEP 07 2018**  
**RECEIVED**

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 15 T23S R34E NWNE 185FNL 1650FEL  
32.311367 N Lat, 103.454750 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 recompleat 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 recompleat 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.

07/29/18

Spud 17 1/2" hole @ 1790'. Ran 1775' of 13 3/8" 54.5# J55 ST&C Csg. Cemented with 1250 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/267 bbls of BW. Plug down @ 10:15 AM 08/02/18. Circ 441 sks of cmt to the pits. Test BOPE to 5000# & Annular to 3500#. At 2:30 A.M. 08/05/18, tested csg to 1500#, held OK. FIT test to 10.5 PPG EMW. Drilled out with 12 1/4" bit.

Charts & Schematic attached.

Bond on file: NM1693 nationwide & NMB000919

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

**Electronic Submission #433518 verified by the BLM Well Information System  
For MEWBOURNE OIL COMPANY, sent to the Hobbs  
Committed to AFMSS for processing by PRISCILLA PEREZ on 08/31/2018 (18PP1781SE)**

Name (Printed/Typed) **RUBY O CABALLERO** Title **REGULATORY**

Signature (Electronic Submission) Date **08/31/2018**

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

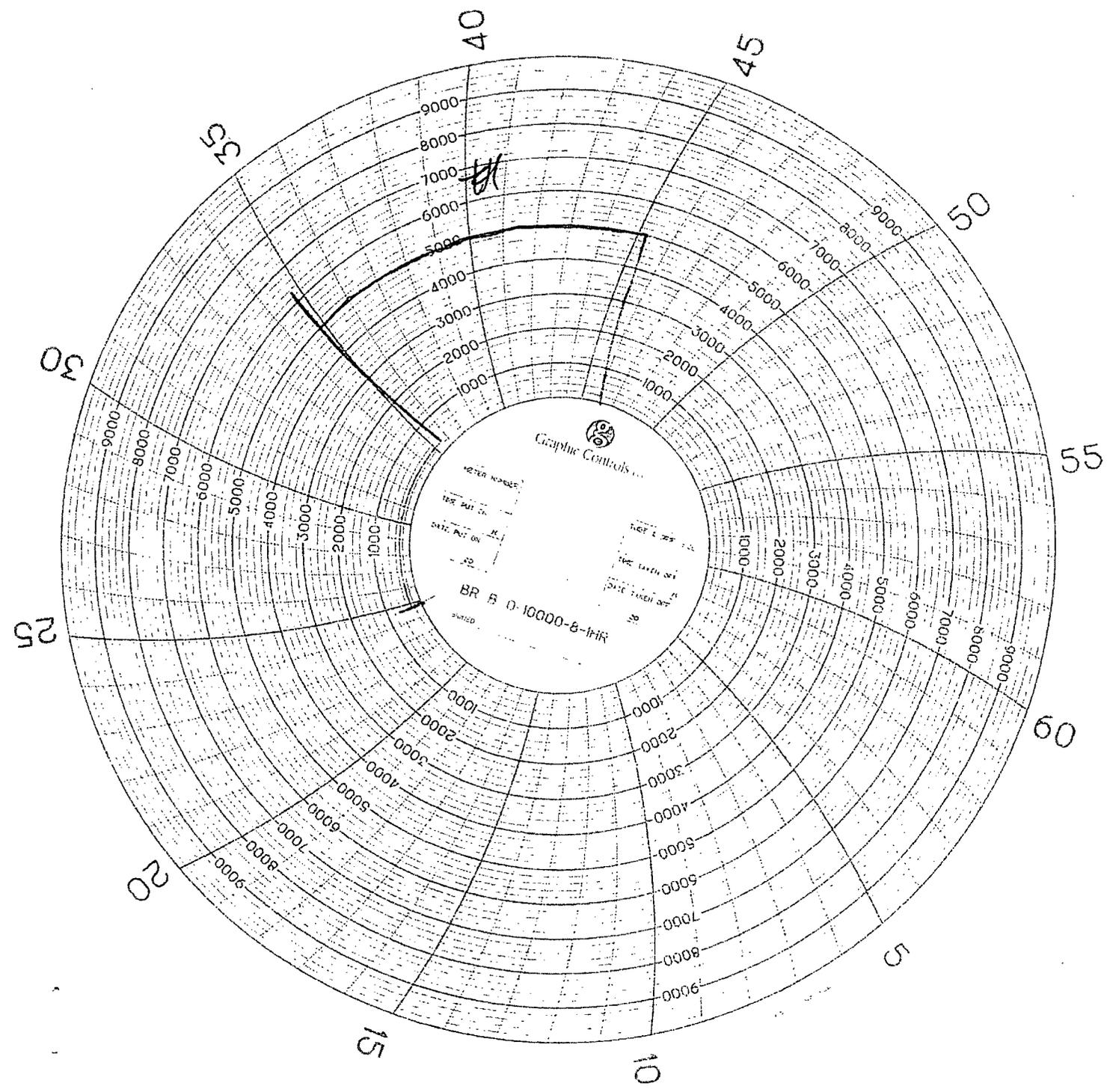
**ACCEPTED FOR RECORD**

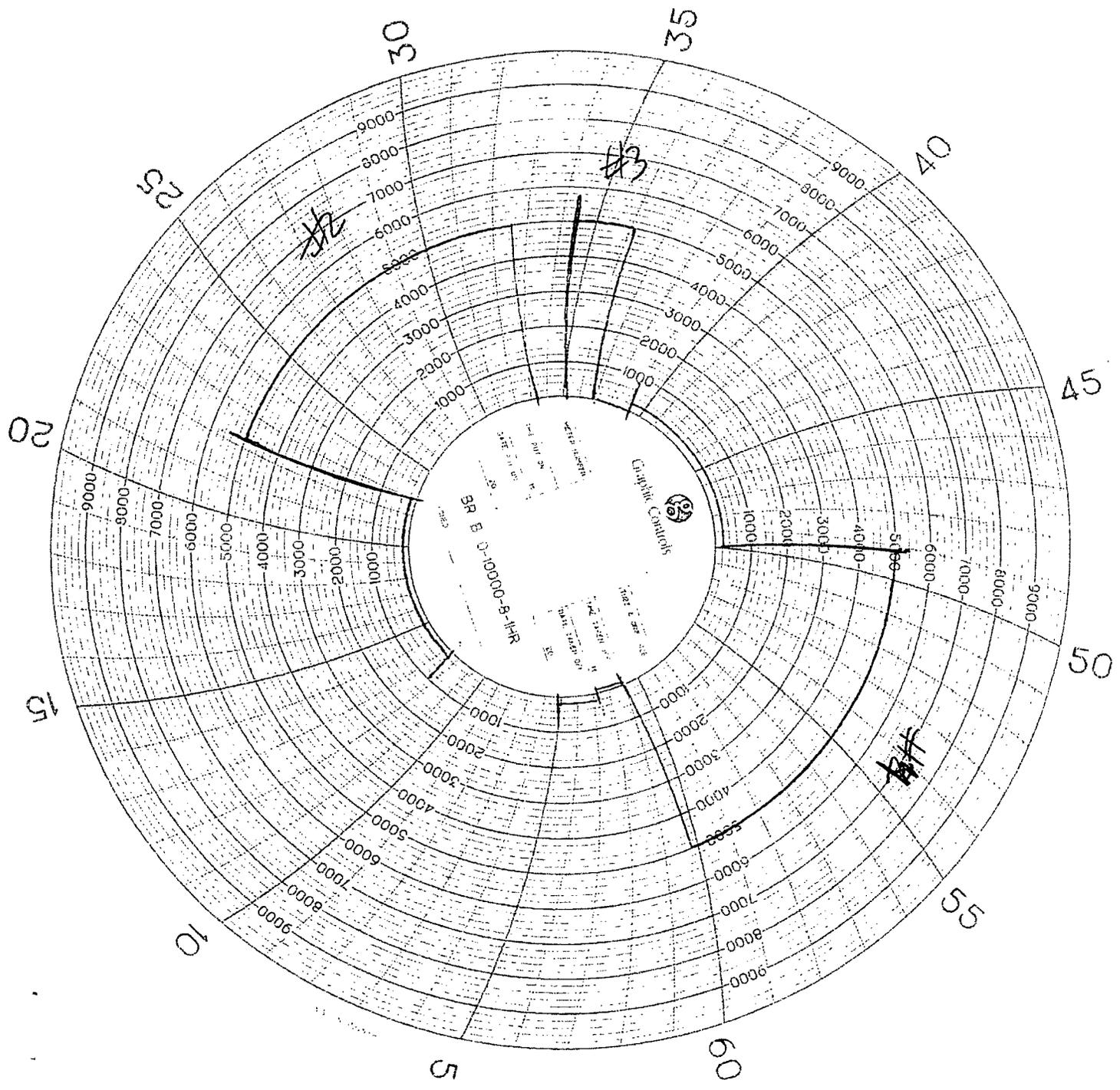
Approved By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Office \_\_\_\_\_ **SEP 06 2018** /s/ **Jonathon Shepard**

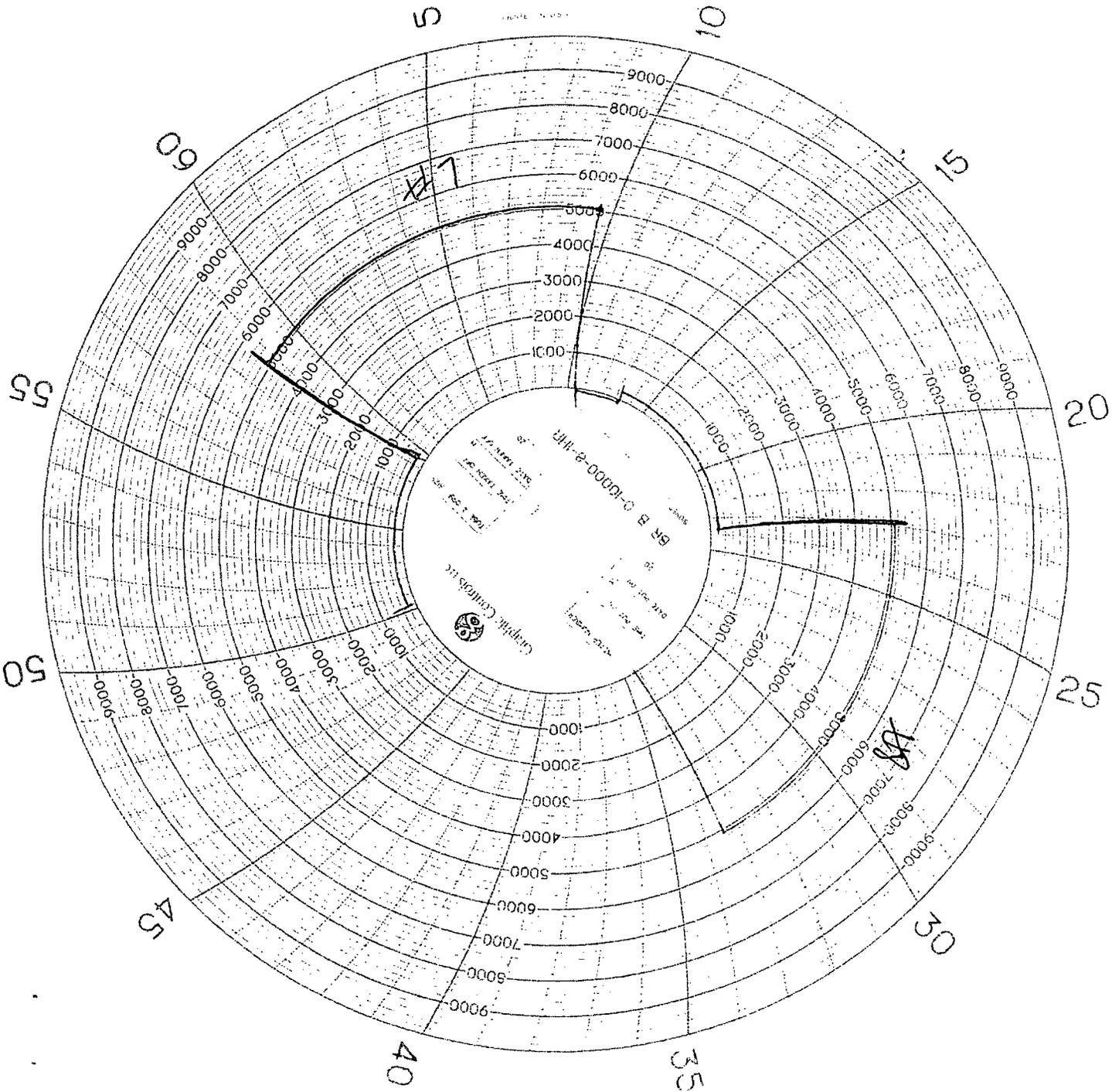
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make or cause to be made any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*Kc*









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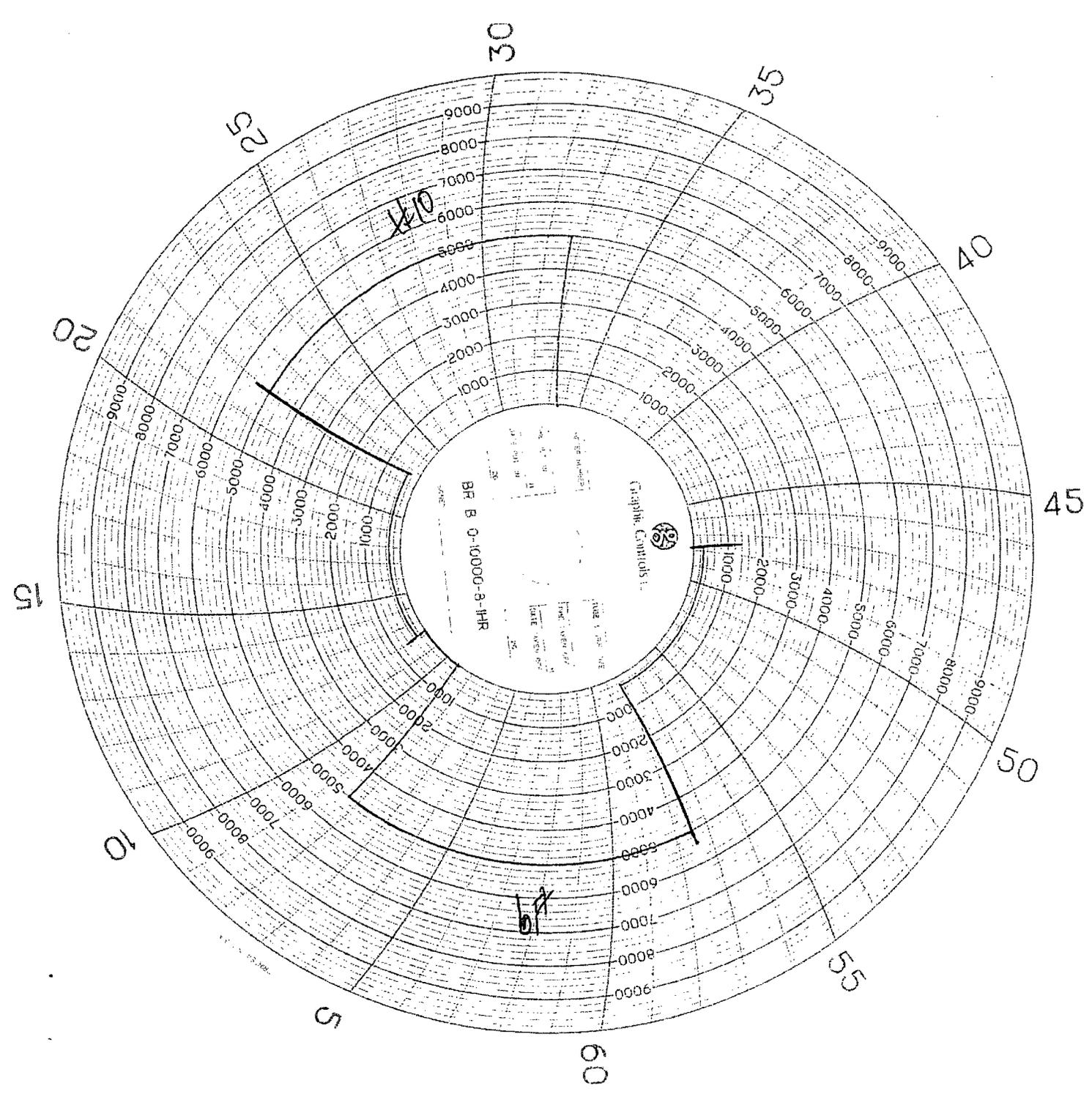
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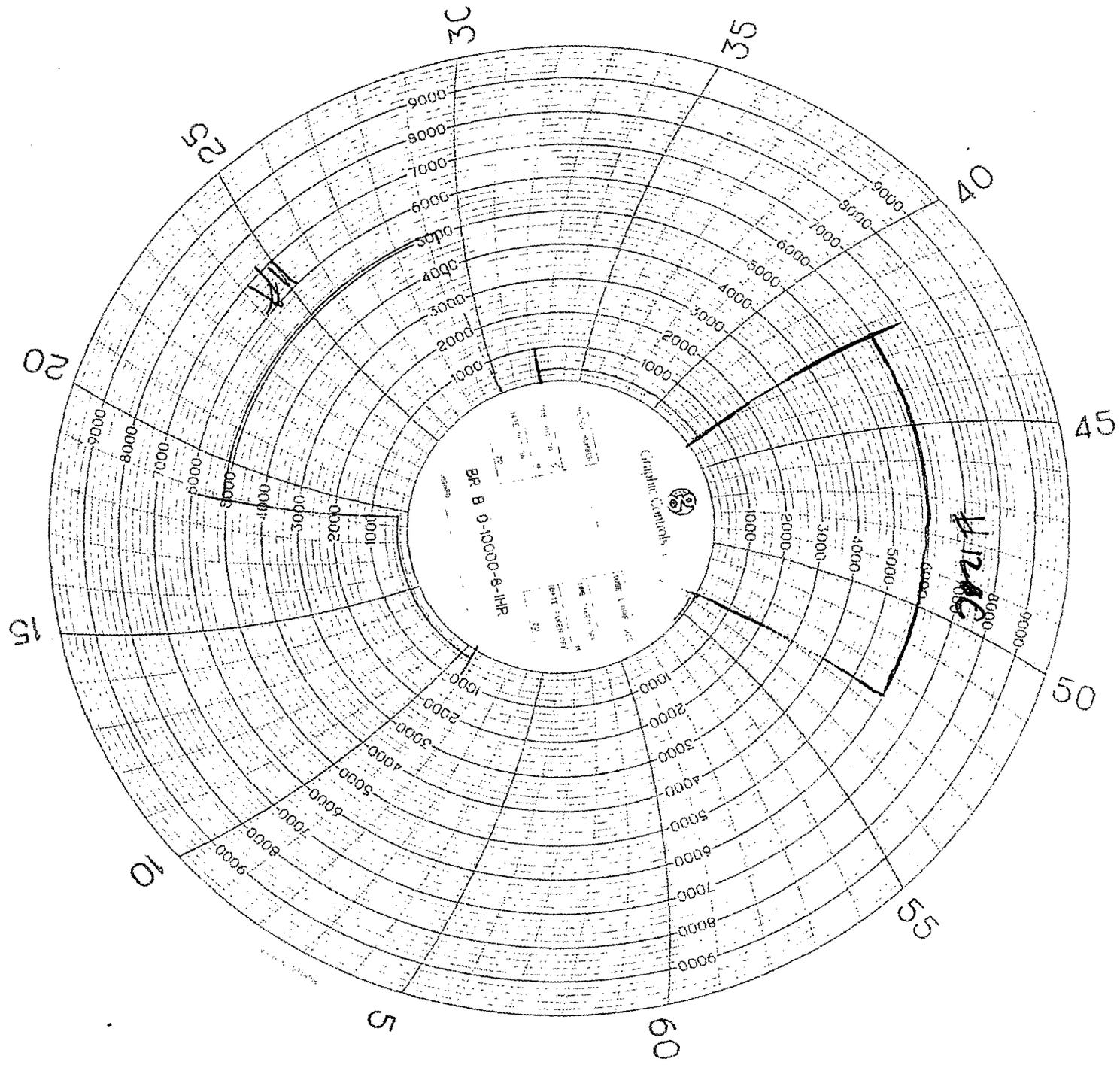
L1

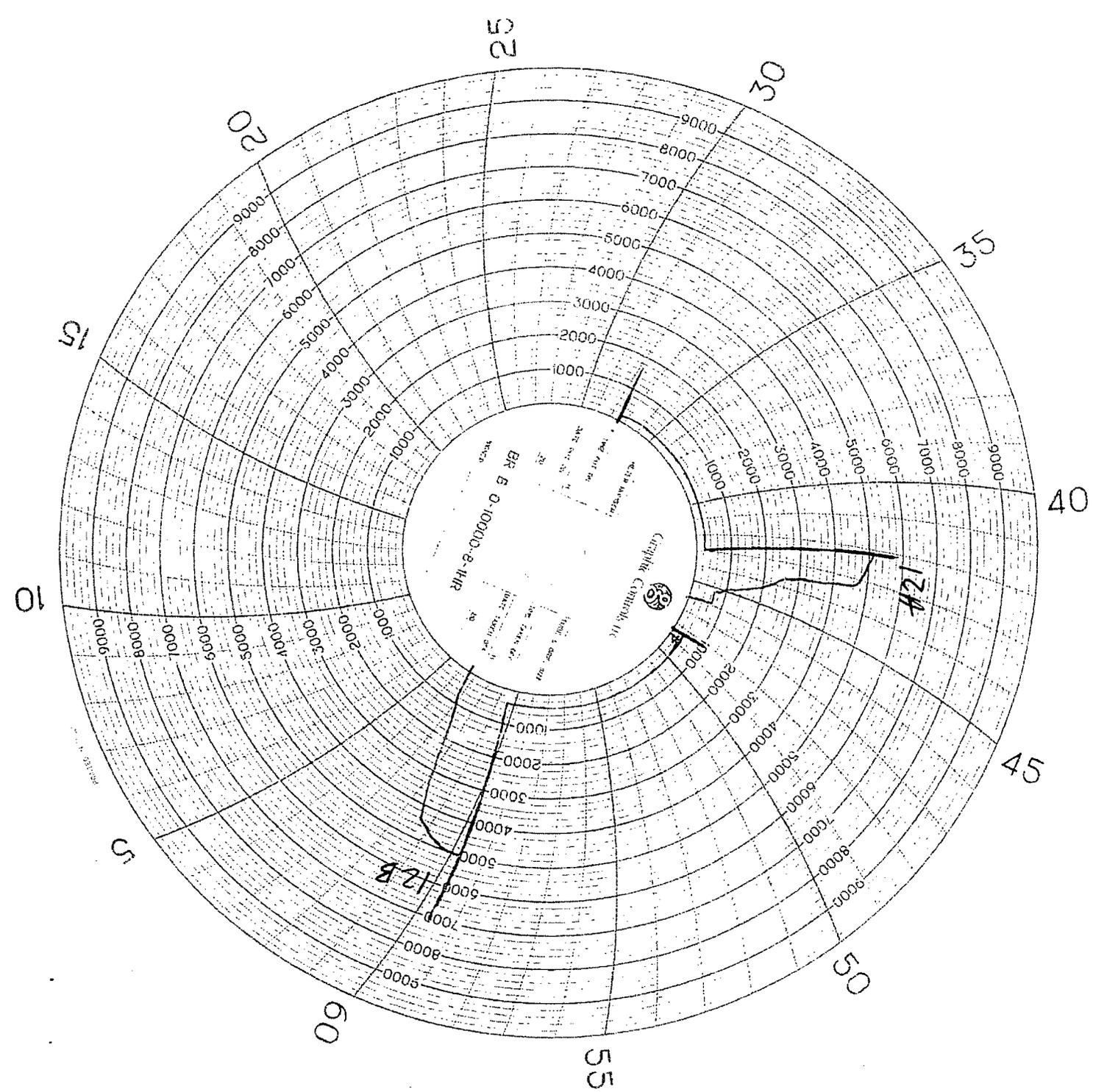
S1

S2

RF B 0-1000-2-MHz  
Graphical Controls, Inc.  
The Smith Chart  
The SWR Scale  
The Angle Scale  
The SWR Scale  
The Angle Scale









# Man Welding Services Inc.

## BOP TEST SHEET

DATE TIME	8-2-18	RIG CONTRACTOR WELL NAME	Patterson 250		
COMPANY	Mewbourne	FIELD TICKET #	B90517		
OPERATOR	Obed	RIG SUPERVISOR			
Test #	Components Tested	Minutes Held (Low/High)	Low PSI	High PSI	Pass/Fail
Truck Test					
2.	HCR, DOWN STEER VALVES on manifold	10-10	200	5000	Passed
3.	HCR chokes	BUMP TEST	—	500	Passed
4.	HCR - outside valves on manifold	10-10	250	5000	Pass
5.	Annular inside 2" inside 4"	10-10	250	5000	Pass
6.	TOP PIPE RINGS inside 2" inside 4"	10-10	250	5000	Pass
7.	TOP PIPE RINGS outside 2" outside 4"	10-10	250	5000	Passed
8.	TOP PIPE SLATS, crown valve, inside manifold	10-10	250	5000	Pass
9.	Lower pipe RINGS	10-40	200	5000	Pass
10.	Mudlines back to pumps	10-40	200	5000	Pass
11.	TW	10-40	250	5000	Pass
12A	Port valve	10-10	200	5000	Fail
13.	Blind flams, inside manifold, check valve	10-10	250	5000	Pass
12B	Port valve	10-10	200	5000	Fail
12C	Port valve	10-10	250	5000	Pass
TRUCK TEST @ 5:00					
#1	started testing @ 6:50 Low - 6:41 High				
	6:42 - 6:52				
#3	Bump test				
#4	6:54 - 7:04 - 7:04 - 7:14				
#5	9:00 - 9:00 & 9:02: 9:42 High				
#6	9:45 Low 9:55 Low 9:56: 10:00 High				
#7	10:23 - 10:33 Low 10:35 - 10:45 High				
#8	10:51 - 11:02 Low 11:03 - 11:14 High				
#9	10:17 Low - 10:27 - 10:28 - 10:38 High				
#10	11:50 - 12:08 Low 12:10 - 12:20 High				
#11	1:00 - 1:10 Low 1:11 - 1:21 High				
#12	1:25 - 1:33 Low 1:34: 1:44 High				
#13	1:55 - 2:05 Low 2:06 - 2:16 High				
Contract Representative Signature:		Rig Supervisor Signature:	Contract Testing Representative Signature:		



# Man Welding Services Inc.

PO Box 1541  
Lovington, NM 88260

Billing Phone: 575-396-0255

Ticket #: <b>B90517</b>		Date: <b>8-2-18</b>		Company: <b>Mewbourne</b>	
Lease Name: <b>F Box 10 B30B Fed com #114</b>				Rig #: <b>Patterson 250</b>	
County and State: <b>Lea COUNTY</b>			Time In: <b>1:00pm</b>	Time Out: <b>3:30AM</b>	
Crew: <b>Todd Martin</b>					
<b>Description:</b>					<b>Total</b>
BOP Tester to Location to test <b>Todd Martin</b> BOP.					
Waited on nipple up of 3:30pm - 6:30pm					
TESTED manifold 6:30-					
<del>1 to 8 hrs</del> hrs @ \$0.00 for first 8 hours					<b>1920<sup>00</sup></b>
_____ hrs @ \$120.00 per hour after 8 hours					
_____ hrs @ \$0.00 per hour for assistant tester					
_____ mileage @ \$0.00 per mile					
_____ for methanol per job					
_____ for additional charges					
<b>Left yard @ 2:00pm</b>					
<b>Arrived on location @ 3:30pm</b>					
<b>STARTED TESTING @ 6:30pm</b>					
Lease Name: <b>F Box 10 B30B Fed com #114</b>					<b>Sub-Total</b>
Plant Code: _____ CO Code: _____					<b>1920</b>
WBS: _____ CAI: _____					<b>Tax</b>
Date: <b>8-2-18</b>					<b>105.60</b>
					<b>Grand Total</b>
					<b>2025.60</b>
Signature: <i>Todd Martin</i>					