

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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.***SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM13838
2. Name of Operator MEWBOURNE OIL COMPANY		6. If Indian, Allottee or Tribe Name
Contact: JACKIE LATHAN E-Mail: jlathan@mewbourne.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address P O BOX 5270 HOBBS, NM 88241	3b. Phone No. (include area code) Ph: 575-393-5905	8. Well Name and No. IBEX 10 B3MD FED COM 1H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 15 T23S R34E NWNW 185FNL 750FWL 32.311378 N Lat, 103.464066 W Lon		10. Field and Pool or Exploratory Area ANTELOPE RIDGE-BONE SPRING, W
		11. County or Parish, State LEA COUNTY, NM

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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Well Spud
	<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.

~~11/25/18~~

Spud 17 1/2" hole @ 1465'. Ran 1447' of 13 3/8" 54.5# J55 ST&C Csg. Cemented with 180 sks Class C Thixotropic w/additives. Mixed @ 14.4#/g w/1.50 yd. Followed w/900 sks Class C w/additives. Mixed @ 13.6#/g w/1.68 yd. Tail w/200 sks Class C w/additives. Mixed @ 14.8#/g w/1.35 yd. Displaced w/216 bbls of BW. Plug down @ 6:00 PM 11/27/18. Circ 300 sks of cmt to the pits. Test BOPE to 5000# & Annular to 3500#. At 3:30 A.M. 11/29/18, 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 #450967 verified by the BLM Well Information System
For MEWBOURNE OIL COMPANY, sent to the Hobbs
Committed to AFMSS for processing by PRISCILLA PEREZ on 01/28/2019 (19PP0775SE)

Name (Printed/Typed) RUBY O CABALLERO

Title REGULATORY

Signature (Electronic Submission)

Date 01/17/2019

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

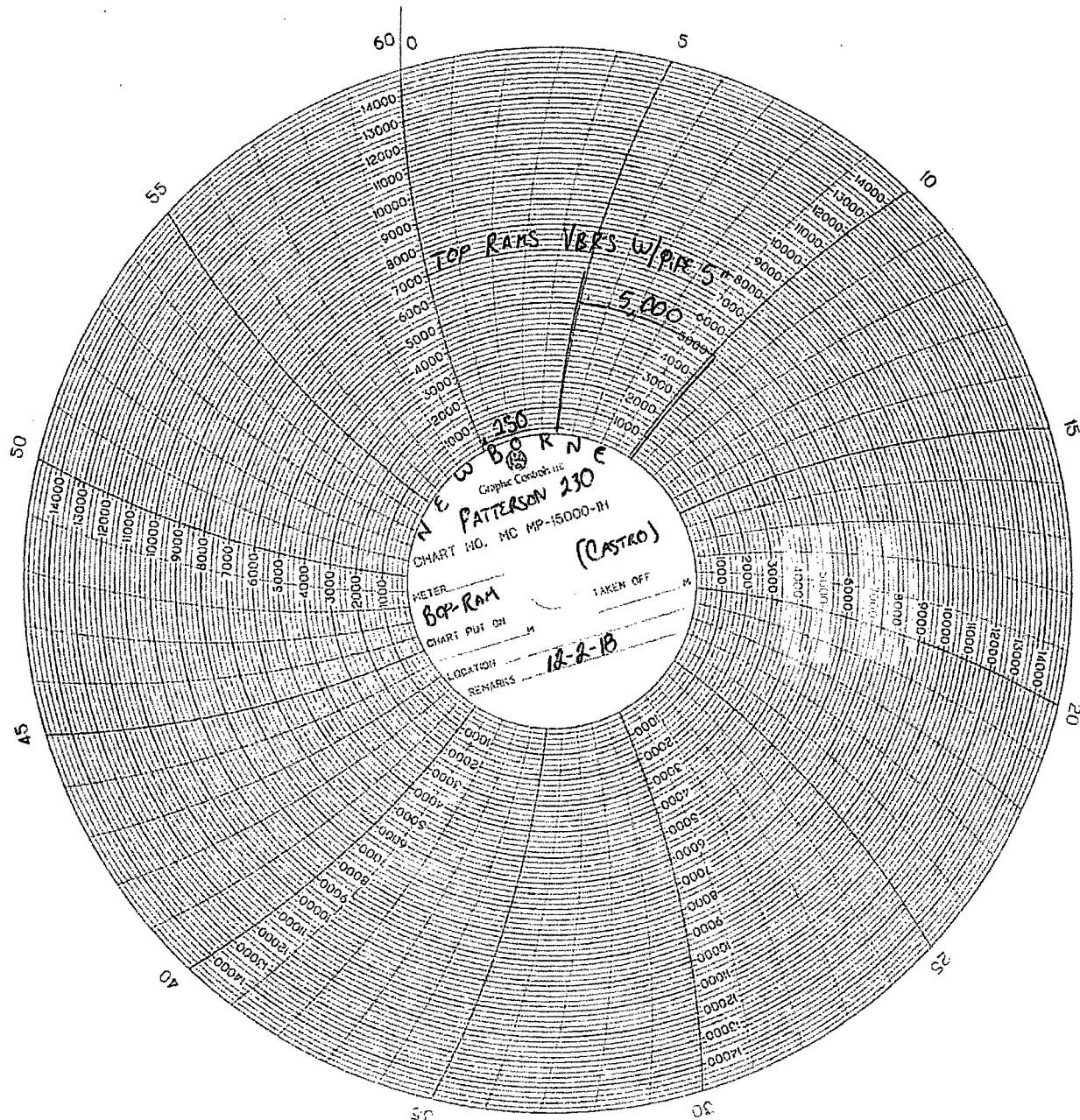
JAN 29 2019

/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.

(Instructions on page 2)

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



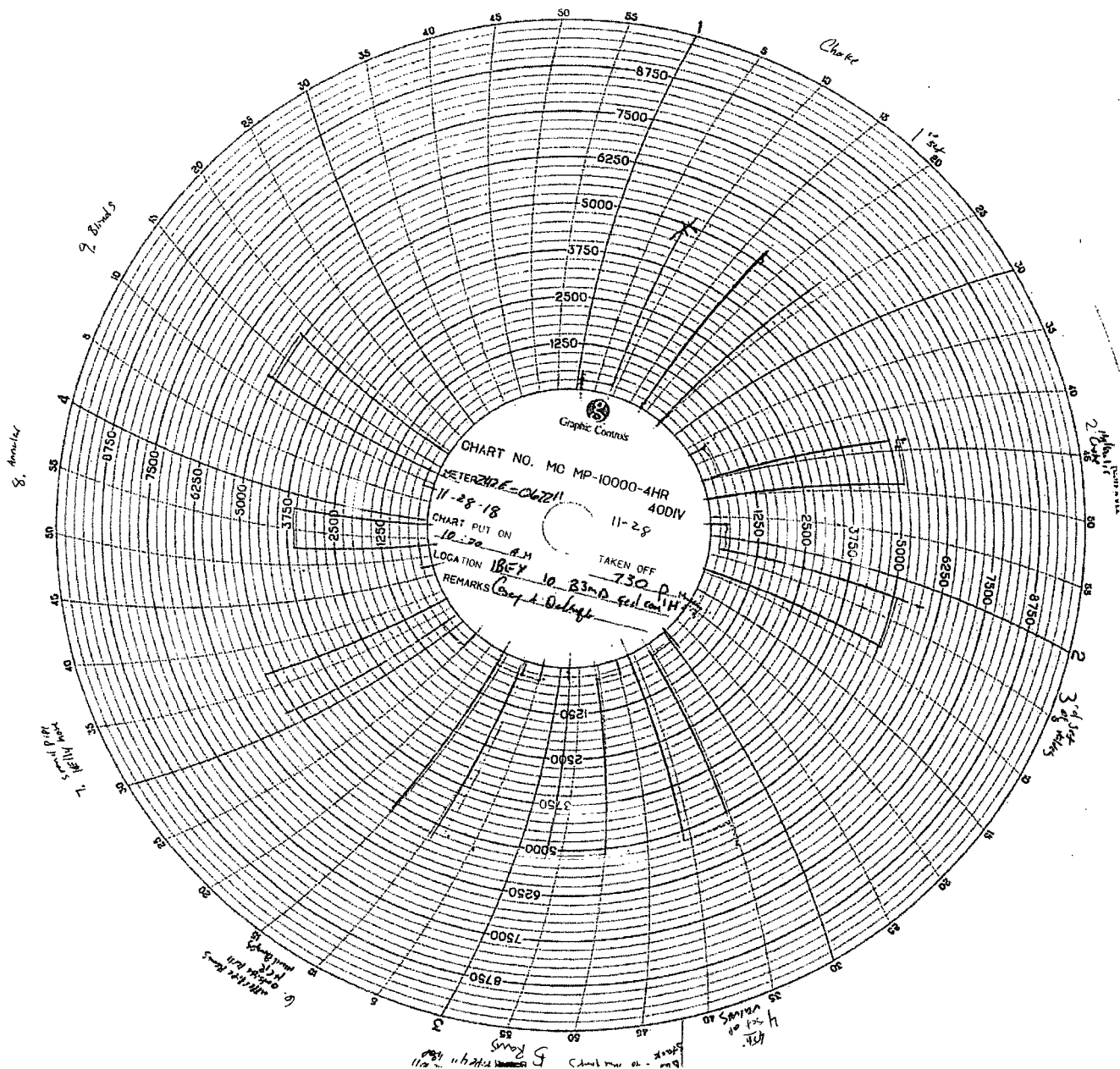


CHART NO. MC MP-10000-4HR 400IV
DATE 11-28-18
CHART PUT ON 10:20 A.M.
LOCATION B-4
TAKEN OFF 11-28
REMARKS 10.33 m.p. fuel and 14.75

8. Annular

2. Bends

Choke

2. Choke

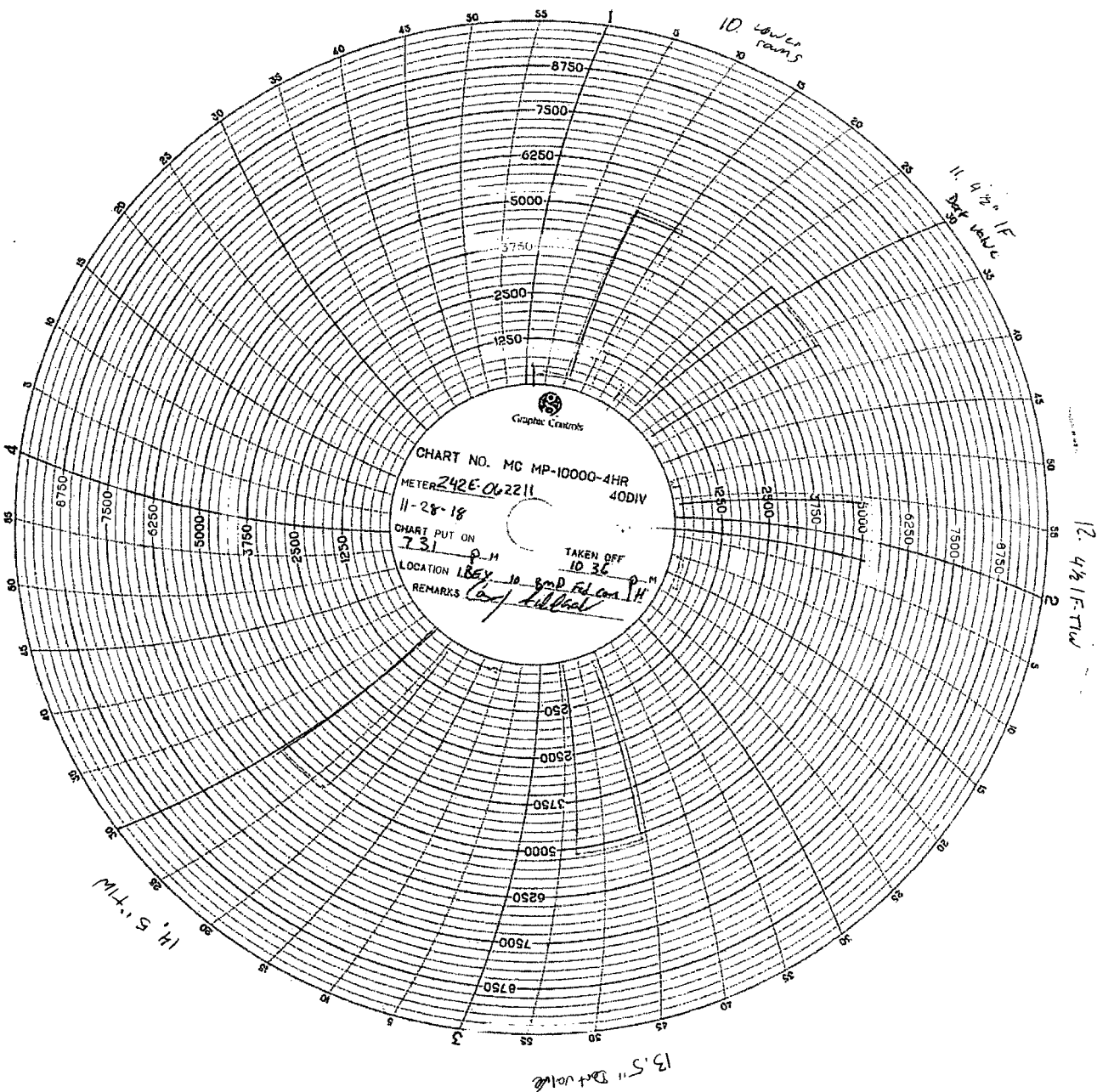
3. 1/2 inch of 8' tubing

4. 1/2 inch of 8' tubing

5. 1/2 inch of 8' tubing

6. 1/2 inch of 8' tubing

7. 1/2 inch of 8' tubing





Invoice #: WI 5576

Field Fact Sheet

Company: NEWBORNE Rig: PATTERSON 230

Date: 12-2-18 Lease: IBEX 10 BAND ESD CH #1

Company Man: John D... Crew Leader: CHAD

Job: ☐ Nipple-Up ☐ Nipple-Down ☒ ~~B-Section~~ ^{RAM CHARGE} ☐ Winches ☒ Test ☐ Gin Truck

Total Hours on Ticket? _____ Total Dollar Amount of Ticket? _____

Time to Arrive: 10:00 Time Actual Work Began: _____

Time	Description of Activities
10:10	GET IT READY TOOLS & RIG HANGS DO IT 90% ON RIG
11:05	START IT WORK ON RAILS
1:10	RAILS DOORS CLOSE & WAITING TO SET FLUE
4:01	START IT TESTING FOR RAILS
4:15	FINISH IT TESTING !!! CASING VALVE CLOSE !!!
4:42	RIG DOWN TEST TOOLS

Did you encounter "wait" time? ☐ Yes ☐ No

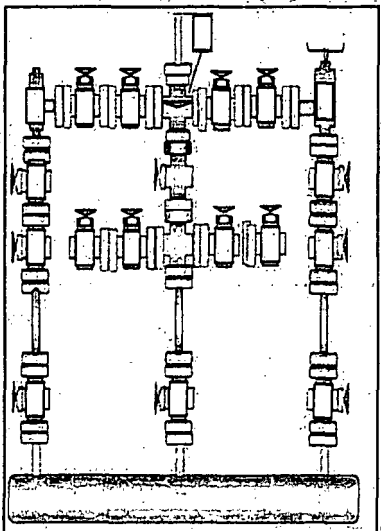
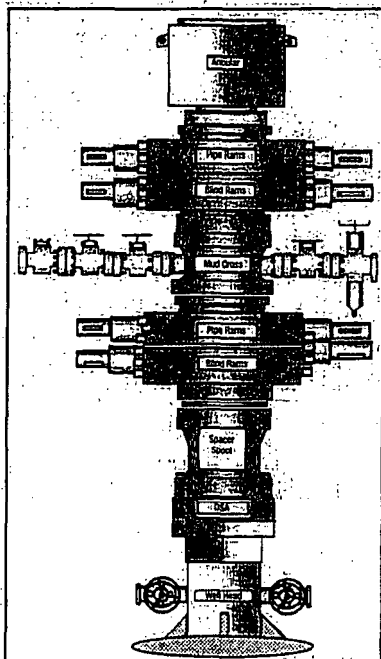
If so, what was the reason why?

Any incident/accident occur during work? ☐ Yes ☐ No B.O.P. Ram Management Notified? ☐ Yes ☐ No
 Company Man or Tool Pusher Notified? ☐ Yes ☐ No Medical Treatment Needed or Administered? ☐ Yes ☐ No

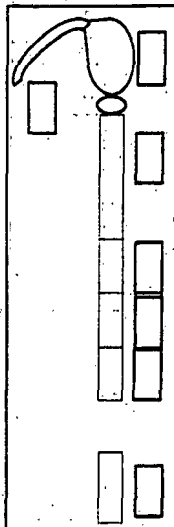


B.O.P. Ram-Block & Iron Rentals, Inc.

Company NEWBORNE Lease 18 x 10 B3HD FED COK #1
 Rig No. PA-TERSON 230 Country/Parish GEA, N.H.C.A.
 Test Date 12-2-18 Company Phone # _____



Test Sequence	Low Test		High Test		Remarks
	PSI	Duration	PSI	Duration	
#1	250	5 MIN	5,000	5 MIN	TOP KANS. VPRS
#2					
#3					
#4					
#5					
#6					
#7					
#8					
#9					
#10					
#11					
#12					
#13					
#14					
#15					
#16					
#17					
#18					
#19					
#20					
#21					



BOP Size and Working Pressure 13" 10 M
 Manifold Size & Working Pressure 4" 116 10 M
 Wellhead Size and Type 11"
 Drillpipe Connection 4 1/2 IF
 Test Medium METHANOL
 Unit Operator CARLO
 Charts Received by PA-TERSON
 Company Representative BOR-RAM

COMPANY REPRESENTATIVE