

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
**District II**  
811 S. First St., Artesia, NM 88210  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
**District IV**  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources

Form C-104  
Revised August 1, 2011

Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Submit one copy to appropriate District Office

AMENDED REPORT

**I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

<sup>1</sup> Operator name and Address Mewbourne Oil Company PO Box 5270 Hobbs, NM 88241		<sup>2</sup> OGRID Number 14744
		<sup>3</sup> Reason for Filing Code/ Effective Date New Well / 1/16/2019
<sup>4</sup> API Number 30 - 025 - 44585	<sup>5</sup> Pool Name Antelope Ridge; Bone Spring NW	<sup>6</sup> Pool Code 2207
<sup>7</sup> Property Code 320990	<sup>8</sup> Property Name IBEX 10 B3MD FED COM	<sup>9</sup> Well Number 1H

**II. <sup>10</sup> Surface Location**

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
D	15	2S	34E		205'	North	145'	West	Lea

**<sup>11</sup> Bottom Hole Location**

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	10	23S	34E		103'	North	539'	West	Eddy

<sup>12</sup> Lse Code	<sup>13</sup> Producing Method Code	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date
F	Flowing	1/16/2019			

**III. Oil and Gas Transporters**

*We are asking for an exemption from this rule*

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
35246	Shells Trading US CO PO Box 4604 Houston, TX 77210-4604	O
371960	Lucid Energy Group 3100 McKinnon, Suite 800 Dallas, TX 75201	G

**IV. Well Completion Data**

<sup>21</sup> Spud Date	<sup>22</sup> Ready Date	<sup>23</sup> TD	<sup>24</sup> PBDT	<sup>25</sup> Perforations	<sup>26</sup> DHC, MC
11/25/2018	1/16/2019	16775' (126)	16735'	11694' - 16735'	
<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement		
17 1/2"	13 3/8"	1447'	1280		
12 1/4"	9 5/8"	4938'	1300		
8 3/4"	7"	11600'	1000		
6 1/2"	4 1/2"	10796' - 16735'	275		

**V. Well Test Data**

<sup>31</sup> Date New Oil	<sup>32</sup> Gas Delivery Date	<sup>33</sup> Test Date	<sup>34</sup> Test Length	<sup>35</sup> Tbg. Pressure	<sup>36</sup> Csg. Pressure
1/16/2019	1/16/2019	2/6/19	24 hrs	NA	2825
<sup>37</sup> Choke Size	<sup>38</sup> Oil	<sup>39</sup> Water	<sup>40</sup> Gas	<sup>41</sup> Test Method	
18/64	595	710	727	Production	

<sup>42</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Ruby Caballero*  
Printed name: Ruby Caballero  
Title: Regulatory  
E-mail Address: rcaballero@mewbourne.com  
Date: 02/13/19 Phone: 575-393-5905

OIL CONSERVATION DIVISION  
Approved by: *Karen Sharp*  
Title: *Staff Mgr*  
Approval Date: *2-15-19*

Documents pending BLM approvals will subsequently be reviewed and scanned

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.*

HOBBS OCD  
FEB 14 2019  
RECEIVED

**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. <b>NMNM13838</b>
2. Name of Operator <b>MEWBOURNE OIL COMPANY</b>		6. If Indian, Allottee or Tribe Name
Contact: <b>JACKIE LATHAN</b> E-Mail: <b>jlathan@mewbourne.com</b>		7. If Unit or CA/Agreement, Name and/or No.
3a. Address <b>PO BOX 5270 HOBBS, NM 88241</b>	3b. Phone No. (include area code) Ph: <b>575-393-5905</b>	8. Well Name and No. <b>IBEX 10 B3MD FED COM 1H</b>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>Sec 15 T23S R34E Mer NMP NWNW 205FNL 145FWL</b>		9. API Well No. <b>30-025-44585</b>
		10. Field and Pool or Exploratory Area <b>ANTELOPE RIDGE/BONE SPRIN</b>
		11. County or Parish, State <b>LEA COUNTY, NM</b>

**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 Hydraulic Fracture
	<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.

1/05/19  
Frac Horizontal Bone Springs from 11694' MD ( 11,328' TVD) to 16735' MD ( 11263' TVD). 864 holes, 0.39" EHD, 120 deg phasing. Frac in 25 stages w/10,010,364 gals of SW, carrying 6,677,330# Local 100 Mesh Sand & 3,157,440#, 40/70 Local sand.

Flowback well for cleanup.

01/16/19  
Put well on production.

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

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

**Electronic Submission #454402 verified by the BLM Well Information System  
For MEWBOURNE OIL COMPANY, sent to the Hobbs**

Name (Printed/Typed) <b>JACKIE LATHAN</b>	Title <b>AUTHORIZED REPRESENTATIVE</b>
Signature (Electronic Submission)	Date <b>02/13/2019</b>

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

Approved By _____	Title _____
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 _____

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

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

HOBBS OCD  
FEB 14 2019  
RECEIVED

5. Lease Serial No. NMMN13838

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No.

8. Lease Name and Well No. IBEX 10 B3MD FED COM 1H

9. API Well No. 30-025-44585

10. Field and Pool, or Exploratory ANTELOPE RIDGE/BONE SPRIN

11. Sec., T., R., M., or Block and Survey or Area Sec 15 T23S R34E Mer

12. County or Parish LEA 13. State NM

14. Date Spudded 11/25/2018 15. Date T.D. Reached 12/17/2018 16. Date Completed  D & A  Ready to Prod. 01/16/2019 17. Elevations (DF, KB, RT, GL)\* 3403 GL

18. Total Depth: MD 16775 TVD 11261 19. Plug Back T.D.: MD 16735 TVD 11263 20. Depth Bridge Plug Set: MD TVD

21. Type Electric & Other Mechanical Logs Run (Submit copy of each) 22. Was well cored?  No  Yes (Submit analysis) Was DST run?  No  Yes (Submit analysis) Directional Survey?  No  Yes (Submit analysis)

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
8.750	7.000 HCP110	29.0		11600		1000	336	4638	
12.250	9.625 HCL80	40.0	0	167				0	
17.500	13.375 J55	54.5	0	1447		1280	365	0	
12.250	9.625 J55	36.0	167	3299					
12.250	9.625 HCL80	40.0	3299	4938		1300	365		
6.125	4.500 HCP110	13.5	10796	16735		275	141		

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)

25. Producing Intervals 26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	8507	16775	11694 TO 16735	0.390	864	OPEN
B)						
C)						
D)						

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
11694 TO 16735	10,010,364 GALS SLICKWATER CARRYING 6,677,330# LOCAL 100 MESH SAND & 3,157,440# 40/70 LOCAL SAND

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
01/16/2019	02/06/2019	24	→	595.0	727.0	710.0	45.0		FLOWS FROM WELL
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
18/64	SI	2825.0	→	595	727	710	1221	POW	

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
	SI		→						

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