

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Carlsbad Field Office

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

OCD Hobbs

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

HOBBS OCD
AUG 21 2019
RECEIVED

6. Lease Serial No.
NMNM132073

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
GAZELLE 22 B2NC FED COM 2H

9. API Well No.
30-025-45646-00-X1

10. Field and Pool or Exploratory Area
ANTELOPE RIDGE-BONE SPRING, W

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 22 T23S R34E SESW 200FSL 1750FWL
32.283398 N Lat, 103.460808 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.

07/28/19

Spud 17 1/2" hole. TD hole @ 1095'. Ran 1080' of 13 3/8" 54.5# J55 ST&C Csg. Cemented with 700 sks Class C w/additives. Mixed @ 13.5#/g w/1.76 yd. Tails w/200 sks Class C w/1% CaCl. Mixed @ 14.8#/g w/1.33 yd. Displaced w/170 bbbls of BW. Plug down @ 2:15 AM 07/30/19. Circ 154 sks of to the pit. Test BOPE to 5000#. At 11:00 P.M. 07/31/19 tested csg to 1500# for 30 mins, held OK. FIT test to 10.5 EMW. Drilled out with 12 1/4" bit.

J.P.M.

Chart & Schematic attached.

Bond on file: NM1693 nationwide & NMB000919

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

**Electronic Submission #477005 verified by the BLM Well Information System
For MEWBOURNE OIL COMPANY, sent to the Hobbs
Committed to AFMSS for processing by PRISCILLA PEREZ on 08/07/2019 (19PP2782SE)**

Name (Printed/Typed) JACKIE LATHAN Title REGULATORY

Signature (Electronic Submission) Date 08/07/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title **Accepted for Record** Date **AUG 15 2019**

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 **Jonathon Shepard
Carlsbad Field Office**

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 ****

KZ



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

Permit Required Confined Space Form

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

Lease Location - Rig: GARRETT 22 B-2 NO. FED COM # 24 / PATTERSON - UTA # 560

Potential Hazards: _____

Date: 07-30-14 Time: 06:40 AM Permit Expires - Date: 08/31/14 Time: 03:50 PM

Entry Supervisor (Signature): _____ Date: _____ Time: _____

Safety (Signature): _____ Date: _____ Time: _____

Operator/Company Man (Signature): [Signature] Date: 7/31/14 Time: 3:50 PM

Name(s) of Attendants: Walter Jace

Names of Entrants: MARCISO LARA - FRANK B - DANIEL D.

Detailed procedures and instructions provided? Yes No Other

PPE required: Hard hat, FRCs, Safety glasses, Steel toed boots, Gloves, Personal monitors, Hearing protection

Atmospheric Testing: (Initial monitoring and retesting after space is unoccupied for 15 minutes or more)

	<u>Results</u>	<u>Initials</u>	<u>Time Tested</u>
% Oxygen (19.5% - 23.5%):	<u>20.9%</u>	<u>NL</u>	<u>06:40 AM</u>
% LEL (0%):	<u>0%</u>	}	
Hydrogen Sulfide (0% ppm):	<u>0%</u>		
Toxic/Other (CO = 0% ppm):	<u>0%</u>		

Air monitoring performed continuously: Yes No

Has permit space been reclassified: Yes No

Rescue procedures (including Emergency numbers to call and equipment to use) (Posted in Operator's trailer): 911

4 Gas Detector:

<u>Name</u>	<u>Model</u>	<u>Serial No.</u>	<u>Last calibration date</u>
<u>BW Max XT II</u>	<u>MA 212</u>	<u>027053</u>	<u>04-19</u>

This permit must be terminated if conditions change or an upset condition occurs. Work must stop and a new permit issued only when additional safeguards are in place.



Invoice #: WT 16900

Field Fact Sheet

Company: M. W. COURNE Rig: WATSON - WT 11560

Date: 07/01/19 Lease: GAZELLE 22 IS 2 NO. 100 CENT 11 211

Company Man: [Signature] Crew Leader: FRANCIS LAGA

Job: Nipple-Up Nipple-Down B-Section Winches Test Gin Truck

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

Time to Arrive: 6:00 AM Time Actual Work Began: 6:40 AM

Time	Description of Activities
6:00 AM	ARRIVED AT LOCATION
6:40 AM	STARTED WORKING ON CHOKER MOUNTED TO BURNER
7:50 AM	WE FOUND LEAK ON SUPER CHOKER (WAS HAD TO WAIT ON THE SUPPLIER TO FIX IT).
	UNTIL WE FINISH WITH THE NIPPLE UP
	LINE CROSS OVER FOR BURNER (SIT BURNER)
	HOOK UP CHOKER LINE AND EXTENSIONS.
	TIGHTEN UP SPECS AND EACH 4 USE THE UP
	ALSO WAITED ON CONCRETE (WAS HAD TO WAIT ON THE ELEMENT ON THE ANNULAR).
8:00 PM	STARTED CHANGING THE PIPE (LOWER) PARTS AND THE SUPERCHOKER VALVE ON.
9:00 AM	STARTED WORKING ON THE BURNER (WAS HAD TO WAIT ON THE PARTS TO ARRIVE)
12:00 PM	STOP TO LUNCH (AFTER BREAKFAST WAS TAKING 10)
6:50 PM	FINISH TEST.

Did you encounter "wait" time? Yes No

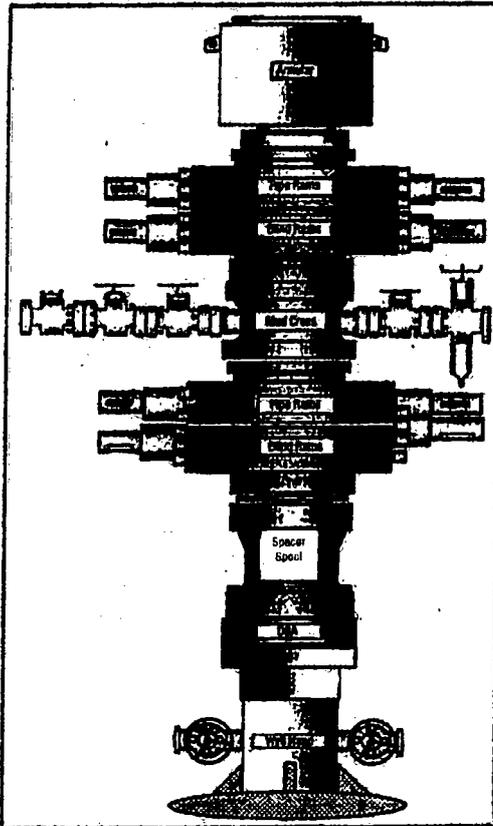
If so, what was the reason why?

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

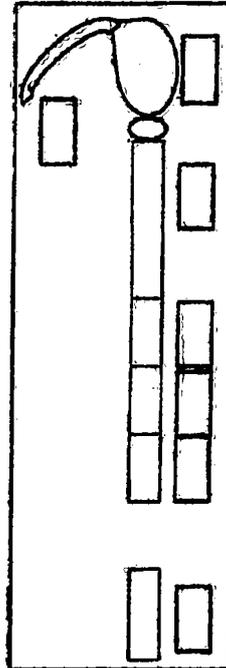
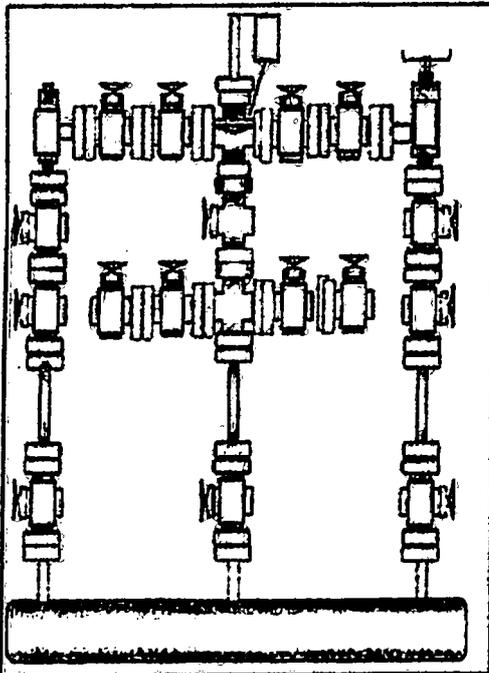


B.O.P. Ram-Block & Iron Rentals, Inc.

Company NEWBOURNE Lease GAZELLE 22 BZ NC FED COM #
 Rig No. PATTERSON UTI H560 Country/Parish _____
 Test Date 07/30/19 Company Phone # _____

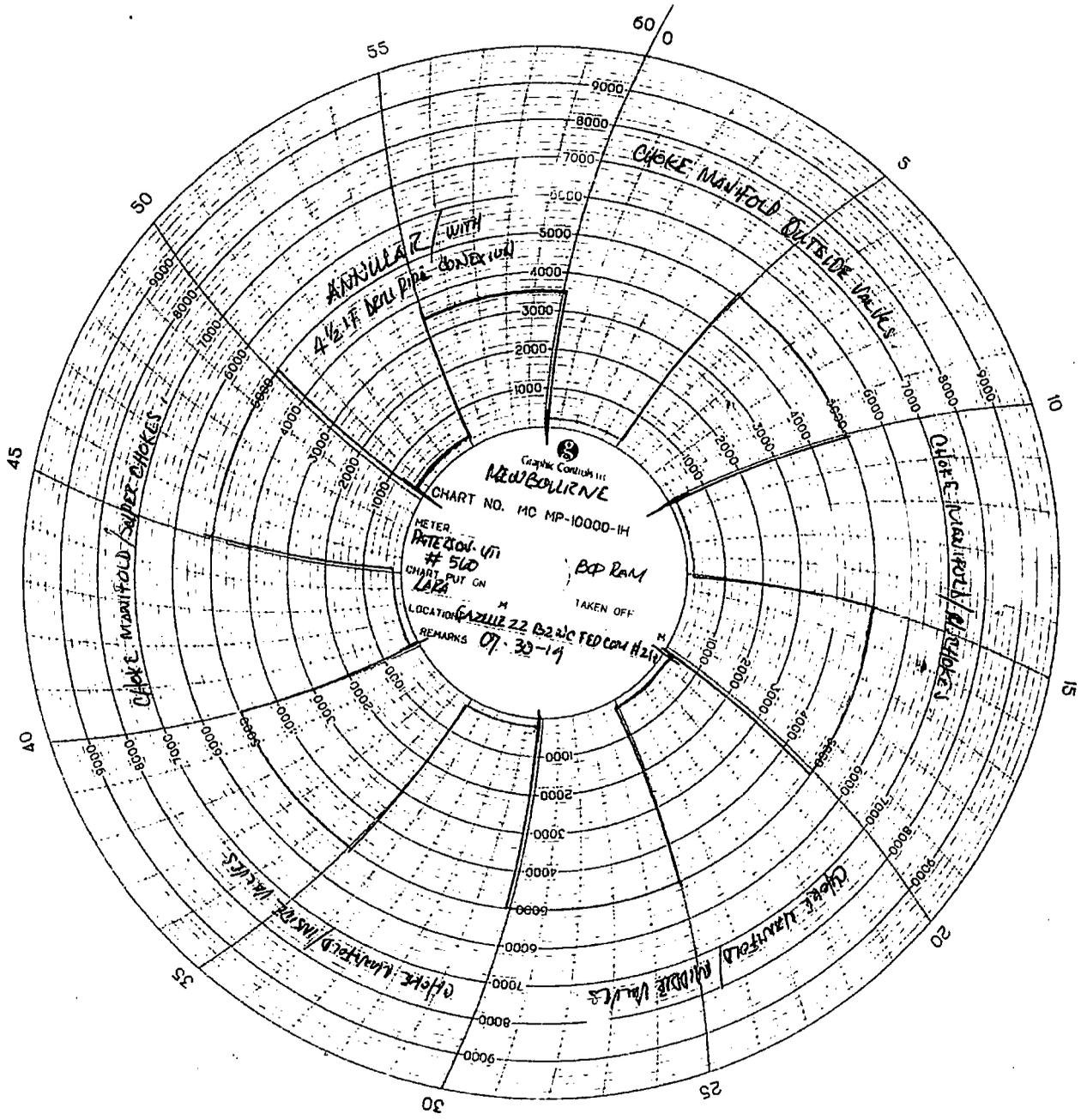


Test Sequence	Low Test		High Test		Remarks
	PSI	Duration	PSI	Duration	
#1	250	5 MIN	500	5 MIN	OUTSIDE VALVES
#2	"	"	"	"	M. PACKPS.
#3	"	"	"	"	MIDDLE VALVES
#4	"	"	"	"	INSIDE VALVES
#5	"	"	"	"	SUPER CHARGE
#6	"	"	3500	"	ANNULAR 4 1/2" I.F.
#7	"	"	5000	"	DR. P. T. RIS / HCP / 2" I.F.
#8	"	"	"	"	" " " 4" I.F. / 2" I.F.
#9	"	"	"	"	INNER P. T. RIS / 4" I.F.
#10	"	"	3500	"	ANNULAR / 1" I.F. 3"
#11	"	"	5000	"	CELY / HCP / 2" I.F.
#12	"	"	"	"	E-VALVES / T.W. 2" I.F.
#13	"	"	"	"	E-VALVES / 1" I.F. "
#14	"	"	"	"	FLAT VALVES / 1" I.F. 39"
#15	"	"	"	"	4" HAND PUMP
#16	"	"	"	"	4" 2" I.F. PIPE
#17	"	"	"	"	BLINDS TO 2" INSIDE
#18					
#19					
#20					
#21					



BOP Size and Working Pressure 13" 5/8" / 10 m
 Manifold Size & Working Pressure 4" 10 m
 Wellhead Size and Type 13" 5 m
 Drilpipe Connection 4 1/2" I.F. / C/T 39
 Test Medium WATER
 Unit Operator _____
 Charts Received by _____
 Company Representative _____

Joe Southerton



Graphic Controls Inc
NEW BOURNE

CHART NO. MC MP-1000-1H

METER
 PATENT NO. 471
 # 510
 CHART PUT ON
 LARA

BOP RAM

TAKEN OFF

LOCATION **GAZELLE 22 B2 MC FED COM H21**

REMARKS **07-30-19**

CHOKER MANIFOLD / SUPER CHOKERS

ANNUAL WITH
 4 1/2" NEW PIPE CONNECTION

CHOKER MANIFOLD / OUTSIDE VALVES

CHOKER MANIFOLD / CHOKERS

CHOKER MANIFOLD / INSIDE VALVES

CHOKER MANIFOLD / MIDDLE VALVES

