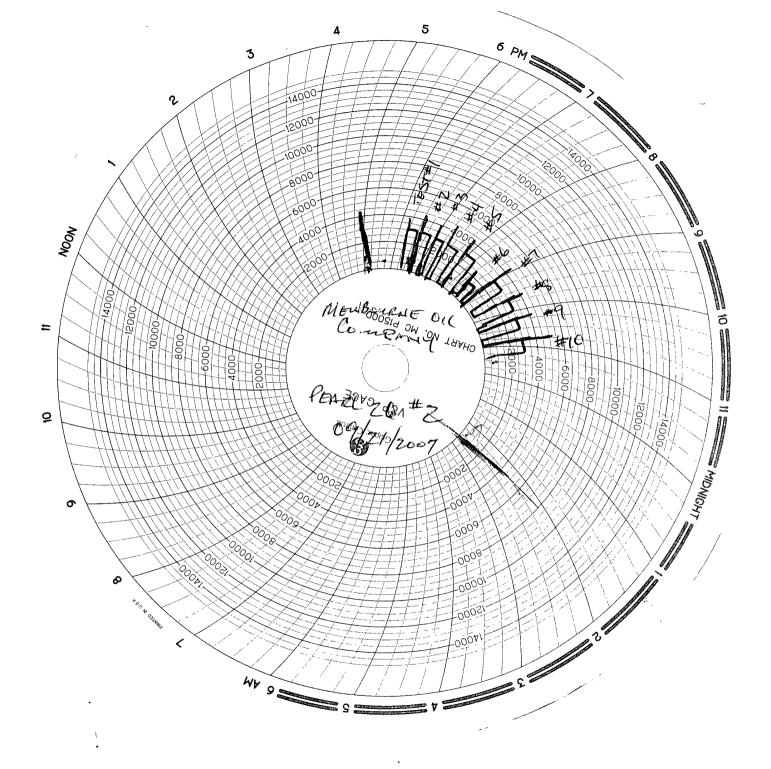
Submit 3 Copies To Appropriate District Office State of New M.		Form C-103 May 27, 2004						
District I 1625 N. French Dr., Hobbs, NM 88240	urai Resources	WELL API NO.						
District II ON GONGERNA TIO	MOISIVION	30-025-38492						
1301 W. Grand Ave., Artesia, NM 88210 District III 1220 South St. Fra		5. Indicate Type of Lease						
1000 Rio Brazos Rd , Aztec, NM 87410 District IV Santa Fe, NM 8	•	STATE FEE 🔀						
1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.							
87505 SUNDRY NOTICES AND REPORTS ON WELL	7. Lease Name or Unit Agreement Name							
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		Pearl 26						
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		8. Well Number						
1. Type of Well: Oil Well Gas Well X Other	2							
2. Name of Operator	9. OGRID Number							
Mewbourne Oil Company	14744							
3. Address of Operator	10. Pool name or Wildcat 293037 Pearl: Bone Spring 49685							
PO Box 5270 Hobbs, NM 88240		Pearl: Bone Spring 49083						
4. Well Location								
Unit Letter F : 1980 feet from the North line and 1980 feet from the W								
Section 26 Township 19S	Range 35E	NMPM Lea County 6						
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3708' GL								
Pit or Below-grade Tank Application or Closure								
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water								
PILLINET THICKNESS: IIII DEIDW-Grade Faile. Volume 5003, Constitution Salestine								
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data								
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:								
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐	_							
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐	COMMENCE DRILLING OPNS.☐ P AND A ☐							
PULL OR ALTER CASING MULTIPLE COMPL	CASING/CEMENT JOB							
	_							
OTHER:	OTHER:	draive pertinent dates, including estimated date						
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.								
00/10/07 N. O	0# II40 CT % C aga	Comparted with 200 also DI Lite Class C						
09/12/07MI & spud 17 ½" hole. TD hole at 531'. Ran 531' 13 %" 48# H40 ST&C csg. Cemented with 300 sks BJ Lite Class C								
(35:65:6) with additives. Mixed @ 12.5 #/g w/ 1.98 yd. Tail with 200 sks Class C with 2% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Circ 141 sks to pit. WOC 18 hrs. At 8:30 pm on 09/13/07, tested 13 %" casing to 1200# for 30 minutes, held OK. Drilled out with 12 1/4" bit.								
171 and to pit. WOC 10 ind. At 0.30 pitt on 07/13/07, tedted 13 /8 casing to 1200// for 30 finitities, field Oix. Diffied out with 12 /4 oft.								
09/21/07TD 12 1/4" hole. Ran 3500' 8 5/8" 32# J55 LT&C Csg. Cemented with 1100 sks BJ Lite Class C (35:65:6) with additives.								
Mixed @ 12.5#/g w/ 1.96 yd. Tail w/400 sks Class C with 1% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Circ 141 sks to pit. WOC 18 hrs.								
Circ 90 sks to pit. Test BOPE to 3000# & annular to 1500#. At 4:30 pm on 09/21/07, tested 8 5/8" casing to 1500# for 30 minutes, held								
OK. Test csg shoe to 10.5 MWE. Charts and schematic attached. Dr	med out with 7 78 Of							
		11.11.0						
I hereby certify that the information above is true and complete to the grade tank has been/will be constructed or closed according to NMOCD guidelines	best of my knowledge	e and belief. I further certify that any pit or below-						
grade tank has been win by John deten of closed according to Amood guidenness	, a general permit	or an (accented) accentance occo approved plan in						
SIGNATURE TITLE	Hobbs Regulatory	DATE09/27/07						
71 1	-mail address:	Telephone No. 505-393-5905						
For State Use Only / OCT 0 1 2007								
APPROVED BY: AM II). WINDS TITLE								
Conditions of Approval (if any):								



WELDING SERVICES, INC. P.O. Box 1541 • Lovington, N.M. 88260 BUS: 505 396-4540 • FAX: 505 396-0044



Company May 56 77 76 14 2			Date	-21 37	Start Time_ <i>S:00</i>	pm	
Lease <u>Peril</u> 26 42					County_ <i>_(_(A</i> _	StateState	
Company Man					44		
Wellhead Vendor		T	ester	(*)			
					Rig #_ <u>/</u> >		
Tool Pusher						New .	
Plug Type (2.2.2)		Plug	Size		_Drill Pipe Size_/_/_	X/-{	
Casing Valve Opened <u>// S</u>		······································		Check Valve Oper	1_25		
ANNULAR 15 15 00 27 RAMS 12 PAMS 13 RAMS 14	26 2 4 8b 6	Rotating He	/ ¬	24 22 22 22 22 22 22 22 22 22 22 22 22 2	3 18 20		
9 10 7 8 TEST # ITEMS TESTED	→ TEST LENGTH	LOW PSI	IIGH PSI	21-1-1-1-1	REMARKS	A	
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