Office	f New Mexico	Form C-103
1625 N. French Dr., Hobbs, NM 88240	s and Natural Resources	May 27, 2004 WELL API NO. 30-025-38568
1301 W. Gland Avc., Antesia, 14W 60210	VATION DIVISION	5. Indicate Type of Lease
District III 1220 South St. Francis Dr.		STATE X FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease No. OG-648
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name Sparrow 27 State
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		8. Well Number
1. Type of Well: Oil Well X Gas Well Other		1
2. Name of Operator		9. OGRID Number
Mewbourne Oil Company		14744 10. Pool name or Wildcat
3. Address of Operator PO Box 5270 Hobbs, NM 88240		Pearl Bone Spring 49680
4. Well Location		
	_N line and198	0 feet from the W_line
Section 27 Township		NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3327' GL		
Pit or Below-grade Tank Application or Closure		
Pit type Depth to Groundwater Distance from n	earest fresh water well Dis	ance from nearest surface water
Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO:	SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDO	N 🔲 REMEDIAL WOR	K ☐ ALTERING CASING ☐
TEMPORARILY ABANDON CHANGE PLANS	☐ COMMENCE DR	ILLING OPNS. P AND A
PULL OR ALTER CASING	☐ CASING/CEMEN	Т ЈОВ 🔲
OTHER:	OTHER: Ad	ded more Perfs
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.		
MOC has completed the above captioned well in the Bone Springs @ 10978' to 11010'. Additional Bone Spring perfs were added at 10700' to 10882'. (Total 128', 128 holes, 1 SPF, 0.40" EHD). Fraced all perfs (10700' to 11010') w/5000 gals 15 % NeFe HCl acid & 126200 gals 25# slickwater carrying 80000 gals 20/40 Whitesand. PWOL.		
I hereby certify that the information above is true and compl	ete to the best of my knowleds	ee and belief. I further certify that any pit or below-
grade tank has been/will be constructed or closed according to NMOCD guidelines [], a general permit [] or an (attached) alternative OCD-approved plan [].		
SIGNATURE Jackie Lathan	_TITLE_Hobbs Regulatory	DATE07/02/08
Type or print name Jackie Lathan E-mail address:jlathan@mewbourne.com Telephone No. 575-393-5905		
APPROVED BY: (Aux // Sulfame) OC DISTRICT SUPERVISOR/GENERAL MANAGED AT L 0 7 2008		
APPROVED BY: Ais Usellanus Conditions of Approval (if any):	TITLE	GENERAL MANAGEDA HEL U / 2008

