

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-10938-34

<p align="center"><b>SUNDRY NOTICES AND REPORTS OF WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)</p>		<p align="center"><b>RECEIVED</b> MAY 02 1989 OIL CON. DIV DIST. 3</p>
<p>7. Lease Name or Unit Agreement Name Delhi Com</p>		
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	8. Well No. 300	
2. Name of Operator Meridian Oil Inc.	9. Pool name or Wildcat Basin Fruitland Coal	
3. Address of Operator PO Box 4289, Farmington, NM 87499		
4. Well Location Unit Letter <u>D</u> : <u>790</u> Feet From The <u>North</u> Line and <u>1165</u> Feet From The <u>West</u> Line Section <u>16</u> Township <u>30N</u> Range <u>8W</u> NMPM San Juan County		
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5690' GL		

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

12. 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.

04-24-89 Spudded well at 7:45 pm 04-24-89. Drilled to 244'. Ran 5 jts. 9 5/8", 36.0#, K-55 surface casing set at 244'. Cemented with 150 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (177 cu.ft.) circulated to surface. WOC 12 hrs. Tested 600#/30 minutes, held ok.

04-26-89 TD 2400'. Ran 56 jts. 7", 20.0#, K-55 intermediate casing, 2387' set @ 2400'. Cemented with 340 sks. Class "B" 65/35 with 6% gel, 2% calcium chloride and 0.5 cu.ft./sx perlite (656 cu.ft.) followed by 100 sks. Class "B" with 2% calcium chloride (118 cu.ft.) circulated to surface. WOC 12 hours. Held 1200#/30 min.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Regulatory Affairs DATE 4-29-89

TYPE OR PRINT NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

(This space for State Use)

APPROVED BY Original signed by MARK T. CRAVEL TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: