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

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

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

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

WELL API NO.	
5. Indicate Type of Lease STATE [X] FEE [ ]	
6. State Oil & Gas Lease No. B-10938-34	

SUNDRY NOTICES AND REPORTS ON WELLS
(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.)

7. Lease Name or Unit Agreement Name

Delhi Com

1. Type of Well:
OIL WELL [ ]   GAS WELL [X]   OTHER

8. Well No. 300

2. Name of Operator
Meridian Oil Inc.

3. Address of Operator
PO Box 4289, Farmington, NM 87499

9. Pool name or Wildcat
Basin Fruitland Coal

4. Well Location

Unit Letter __K__ : __1780__ Feet From The __South__ Line and __1500__ Feet From The __West__ Line

Section __16__   Township __30N__   Range __8W__   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 [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: _____ [ ]		OTHER: _____	[ ]

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.

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05-14-89   TD 2628'.  Ran 7 jts. 5 1/2", 15.5#, KS casing liner, 304'
           set @ 2628'.  Float shoe set @ 2628'.  Top of liner hanger @
           2324'.  Did not cement.
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____   TITLE Regulatory Affairs   DATE 5-20-89

TYPE OR PRINT NAME _____   TELEPHONE NO. _____

(This space for State Use)

Original Signed by FRANK T. CHAVEZ

APPROVED BY _____   TITLE SUPERVISOR DISTRICT # 3   DATE MAY 2 5 1989

CONDITIONS OF APPROVAL, IF ANY: