

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

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 ☐

FEE ☒

6. State Oil & Gas Lease No.

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.)

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

Meridian Oil Inc.

8. Well No.

6

3. Address of Operator

PO Box 4289, Farmington, NM 87499

9. Pool name or Wildcat

Aztec Pic. Cliffs *Basin*

4. Well Location

Unit Letter L : 1550 Feet From The South Line and 990 Feet From The West Line

Section 21 Township 30N Range 11W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

5791' GL

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

The Pictured Cliffs zone was plugged on 5-9-88. Subsequent report filed 5-31-88. Request permission to recomplete in the Fruitland Coal in the following manner:

Pressure test casing to 2500 psi.

TIH and tag cmt. retainer @ 2143'. Circulate hole w/fresh water. TOOH

Perforate well from 2105-2131' w/2 spf.

Perform linear gel - CO2 fracture treatment.

Clean out to PBTD.

Land 1 1/4" tbq near bottom perforations.

RECEIVED

APR 26 1989

OIL CON. DIV.
DIST. 3

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

SIGNATURE Peggy Bradfield

Regulatory Affairs (DM) 4-25-89

TITLE Peggy Bradfield

DATE 4-25-89

TYPE OR PRINT NAME

TELEPHONE NO. 326-9700

(This space for State Use)

Original 5-31-88

APPROVED BY 5-31-88 TITLE 5-31-88

DATE 5-31-88

CONDITIONS OF APPROVAL, IF ANY: