

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.

7. Lease Name or Unit Agreement Name

Allison Unit

8. Well No.

130

9. Pool name or Wildcat

Basin Fruitland Coal

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

Meridian Oil Inc.

3. Address of Operator

PO Box 4289, Farmington, NM 87499

4. Well Location

Unit Letter 7 : 810 Feet From The South North Line and 1040 1850 Feet From The East Line

Section 24 Township 32N Range 7W NMPM San Juan County

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

6523' GL 6442

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.

12-31-88 Spudded well at 7:00 pm 12-31-88. Drilled to 241'. Ran 5 jts. 9 5/8", 32.3#, H-40 surface casing set at 241'. 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.

01-04-89 TD 3101'. Ran 72 jts. 7", 20.0#, K-55 intermediate casing, 3089' set @ 3101'. Cemented with 420 sks. Class "B" 65/35 with 6% gel, 2% calcium chloride, 1/2 cu.ft. perlite/sx (811 cu.ft.), followed by 100 sx. Class "B" with 2% calcium chloride (118 cu.ft.). WOC 12 hours. Held 1200#/30 min. Circ. to surface

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

1-6-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

Original Signed by CHARLES GHOLSON

DEPUTY OIL & GAS INSPECTOR, DIST. #3

DATE

JAN 10 1989

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: