Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

OIL CONSERVATION DIVISION P.O. Box 2088

P.O. Box 1980, Hobbs, NM 88240	
DISTRICT II	n

Santa Fe, New Mexico 87504 3088 P

Ŕ	Indicate Type of Le	256		
1		STATE	FEE	X.
93				

		F. (SIAIEC	- FEE A
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874	110		JAN1 01989	66.40	Oil & Gas Lease No.	
(DO NOT USE THIS FORM FOR	OTICES AND REP I PROPOSALS TO DRIL ESERVOIR. USE "APPL BM C-101) FOR SUCH P	L OR TO DEEPE JCATION FOR PI	NIOR PILLEGYBACK	7. Land	Name or Unit Agreement	: Name
1. Type of Well: Oll GAS		OTHER		I	Allison Unit	
2 Name of Operator Meridian Oil In				8. Well	No. 133	
3. Address of Operator PO Box 4289, Fa		1 87499		9. Pool Ba	nume or Wildcat asin Fruitla	nd Coal
4. Well Location Unit Letter :			Line and	2490	Feet From TheEas	t Line
Section 07	Township	32N	Range 06W	NMPM	San Juan	County
	10. Ele	ration (Show wheth	er DF, RKB, RT, GR, o	etc.)		
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 P	LANS	COMMENCE D	RILLING OPNS.	Y PLUG AND A	ABANDONMENT
PULL OR ALTER CASING			CASING TEST	AND CEMENT J	DB	
OTHER:			OTHER:			
12. Describe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly state	all pertinent details	, and give pertinent da	les, including estim	ated date of starting any p	roposed
01-03-89	jts. 9 5/8" Cemented wi	, 32.3#, th 150 sl chloride	H-40 surf ks. Class (177 cu.f	ace casin "B" with t.). circ	illed to 240 g set at 240 l/4#/sk. get ulated to so leld ok.	0'. l-flake and
01-06-89	2647' set @ with 6% gel cu.ft.). fo	2658. 1, 2% calcollowed by 118 cu.ft	Cemented cium chlor y 100 sx.	with 380 ide, 1/2 Class "B'	intermediantsks. Class cu.ft. perlowith 2% catheld 1200#/	"B" 65/35 ite/sx (733 lcium

true and complete to the best of my knowledge and belief. I hereby certify that the information abo Regulatory Affairs SIGNATURE

TYPE OR PRINT NAME

TELEPHONE NO.

Original Signed by CHARLES GHOLSON

DEPUTY OIL & GAS INSPECTOR, DIST. #3 DATE JAN 1 0 1980

CONDITIONS OF AFTROVAL, IF ANY: