

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.  
30-025-29008

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.

# 1

3. Address of Operator

P.O. 51310, Midland, TX 79710-1810

9. Pool name or Wildcat

North Red Hills Bone Spring

4. Well Location

Unit Letter : 1980' Feet From The South Line and 1980' Feet From The East Line

Section 24

Township 24S

Range 33E

NMPM Lea

County

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

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: Recompletion gas to oil ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: 2A W. Pitchfork Ranch Atoka ☒

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.

12/8/95: RU Wedge. RIH w/GR tool/gauge ring and junk basket to 12,950'. P/u CIBP. RIH to 12,930', set CIBP, POH. P/u bailer, and dmp 35' of cmt on CIBP.

12/9/95: Load casing. Pressure test CIBP and casing and BOP to 5000# for 30 mins.

Perf'd Bone Spring intervals

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

SIGNATURE

TITLE Regulatory Compliance

DATE 4/23/96

TYPE OR PRINT NAME Donna Williams

TELEPHONE NO. 915-688-6943

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR

APPROVED BY

TITLE

DATE

APR 25 1996

CONDITIONS OF APPROVAL, IF ANY:

APR 1996  
Received  
Hobbs  
OCD