

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. <u>30-025-25431</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name CITGO SE <u>State</u>
8. Well No. # <u>1</u>
9. Pool name or Wildcat <u>EUNICE (SR,QN) SOUTHERN</u>
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator MERIDIAN OIL INC
3. Address of Operator P.O. Box 51810, Midland, TX 79710-1810
4. Well Location Unit Letter <u>H</u> : <u>2310</u> Feet From The <u>NORTH</u> Line and <u>480</u> Feet From The <u>EAST</u> Line Section <u>17</u> Township <u>22S</u> Range <u>36E</u> NMPM LEA County <u></u>
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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <u>CLEAN OUT WELLBORE</u> <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u></u> <input checked="" type="checkbox"/>

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.

2/28/94: MIRU. POH W/PMP AND RODS. ND WH AND NU BOP. POH W/TBG. RIH W/TBG.  
3/1/94: RU MAXIFOAM, UNLOAD HOLE. TIH. TAG UP AT 3759. RU SWIVEL AND DRILL TO 3779'. POH W/TBG AND W/O PIPE.  
3/2/94: PU SHOE AND WASH POIPE. RIH TO 3738. RU MAXIFOAM UNIT AND UNLOAD HOLE. WASH OVER MUD JT AND CLEANED OUT TO PBTB 3820. POH W/TBG AND W/O PIPE. RIH W/TBG. ACIDIZE W/500 GLS OF 15% HCL. RETURN TO PRODUCTION.

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

SIGNATURE Donna Williams TITLE PRODUCTION ASSISTANT DATE 3/7/94  
TYPE OR PRINT NAME DONNA WILLIAMS TELEPHONE NO. 915-688-6943

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE MAR 09 1994

CONDITIONS OF APPROVAL, IF ANY: