

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-D25-25843

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.)

7. Lease Name or Unit Agreement Name
STATE "DR"

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No.
2

2. Name of Operator
MERIDIAN OIL INC.

9. Pool name or Wildcat
LUSK (YATES) NORTHEAST

3. Address of Operator
P.O. Box 51810, Midland, TX 79710-1810

4. Well Location
Unit Letter H : 1650 Feet From The NORTH Line and 990 Feet From The EAST Line
Section 16 Township 19S Range 32E 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: CHANGE OUT PMP
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.

REQUEST VERBAL APPROVAL. WISH TO BEGIN WORK ASAP.
1. MI RU PULLING UNIT. POOH W/RODS IN SINGLES AND PMP PLUNGER.
2. RUN DIP IN PRESSURE GAUGE. ARC WILL MAKE 3 STOPS, 10 MINUTES EACH AT 1,000, 2000', AND 3000' OR SEAT NIPPLE DEPTH.
3. ND WH. NU BOP. POOH W/TBG AND PMP
4. RIH W/3.25" BOTTLE NECK TUBING PMP, TAC AND TUBING. TAC SHOULD BE SET AT 2800' +\-, SEAT NIPPLE SET AT 3100' +\-. ND BOP. NU WH.
5. RIH W/ROD STRING, SPACE OUT AND HANG OFF. RETURN WELL TO PRODUCTION

9/7/93 - Received verbal approval. Work to begin on Sept. 9, 1993

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 9/7/93
TYPE OR PRINT NAME DONNA WILLIAMS TELEPHONE NO. 915 688-6943

(This space for State Use)
Orig. Signed by Paul Kautz Geologist
APPROVED BY _____ TITLE _____ DATE SEP 10 1993
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

SEP 09 1993

STY
OFFICE