

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.
3D-025-11322

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

NORTHSHORE WOOLWORTH

1. Type of Well:
OIL WELL GAS WELL OTHER

8. Well No.

3

2. Name of Operator
MERIDIAN OIL INC.

9. Pool name or Wildcat

JALMAT-TANSIL-YATES -7 Rvrs

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

4. Well Location

Unit Letter E : 2310 Feet From The NORTH Line and 330 Feet From The WEST Line

Section 33 Township 24S Range 37E NMPM LEA County

10. Elevation (Show whether DP, RKB, RT, GR, etc.)
3257' GR

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.

4/28/92 RIH W/ TBG TO 2500'. SPOT CMT PLUG W/ 150 SX CLASS "C" CMT W/ 2% CACL2. RIH W/ TBG TO 1500'. SPOT CMT PLUG W/ 30 SX CLASS "C" CMT W/ 2% CACL2 @ 1500'. CACL TOP 1350'.

4/29/92 TAG PLUG @ 1335'. PUH & PERF @ 1300'. RUN PKR & SET @ 800'. PUMP 320 SX CLASS "C" CMT W/ 2% CACL2 TO SURFACE. DISPLACE CMT BELOW PKR TO 1000'. RIH W/ TBG TO 60'. SPOT 10 SX CLASS "C" CMT W/ 2% CACL2 TO SURFACE. WELL P&A'D.

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

SIGNATURE Roxann Scholz TITLE PRODUCTION ASST. DATE 05/28/92

TYPE OR PRINT NAME ROXANN SCHOLZ TELEPHONE NO. (915)688-6943

(This space for State Use)

APPROVED BY Charlterren TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

[Handwritten mark]