

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. 30-015-28065
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name TIRANO CNG STATE
8. Well No. NO. 3
9. Pool name or Wildcat WILLOW LAKE (DELAWARE)

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"/>	RECEIVED OCT 19 '94
2. Name of Operator MERIDIAN OIL INC.	
3. Address of Operator P.O. 51310, Midland, TX 79710-1810	
4. Well Location Unit Letter L 1980' Feet From The SOUTH 990' Feet From The WEST Line Section 36 Township 24S Range 28E NMPM EDDY County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 2947.8	

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: **SPUD AND SET SURFACE** ☐

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.

8/30/94: SPUD. RAN 13 JTS OF 8 5/8" 28# K-55 BTC CSG AND SET @ 550'. USED FIVE (5) CENTRALIZERS. CMTD W/200 SXS 'C' + 2% CACL2 + .25% CELLOSEAL, TAIL W/150 SXS 'C' + 2% CACL2. CIRC 54 SXS TO SURF. WOC 17 HRS.

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

SIGNATURE [Signature] TITLE **REGULATORY ASSISTANT** DATE **10/17/94**
TYPE OR PRINT NAME **DONNA WILLIAMS**

TELEPHONE NO. **915-688-6943**

(This space for State Use)

APPROVED BY SUPERVISOR DISTRICT II TITLE _____ DATE **NOV 10 1994**
CONDITIONS OF APPROVAL, IF ANY: