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## State of New Mexico

Form C-103 Energy, Minerals and Natural Resources Department Revised 1-1-89 District Office DISTRICT I OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs NM 88240 P.O. Box 2088 30-015-22826 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE X FEE . DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. 648 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" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) State 32 Com 1. Type of Well: OIL WELL GAS WELL X OTHER 2. Name of Operator 8. Well No. Meridian Oil Inc. No. 1 3. Address of Operator Pool name or Wildcat P.O. 51310, Midland, TX 79710-1810 Winchester (Cisco) Gas 4. Well Location Line and 1980' Unit Letter B 660' Feet From The East North Feet From The Line Section 32 Township 19S Range 28E NMPM Eddy County Elevation (Show whether DF, RKB, RT, GR, etc.) 10 3366.9 GR 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: Status Update 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. Meridian Oil Inc. respectfully submits the following status update as per your request of June 25, 1996. It has been the intention of MOI to recomplete this well to the Cisco formation. The existing permit to recomplete has expired. Meridian Oil Inc. respectfully requests an approval for said plug back. See attached.

			9/3/91.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE L		тпье Regulatory Compliance	DATE 6/27/96
TYPE OR PRINT NAME DONNA Williams			TELEPHONE NO. 915-688-6943
(This space for State Use)	\ \		
APPROVED BY		TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	Em My		- JAIE