

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

CISF
D

OIL CONSERVATION DIVISION

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

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 GAS WELL OTHER

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** Line and **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

RECEIVED
OCT 19 '94

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: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: SET PRODUCTION CSG <input 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.

RAN 121 JTS 5 1/2" 15.5# K-55 LTC CSG AND SET @ 5365'. USED FIFTEEN (15) CENTRALIZERS. CMTE W/2 STAGE: 1 STAGE: 355 SXS 'C' 50/50 POZ + 2% BENTONITE + .6% CF-2 + 3 PPS KCL + .25 PPS CELLOSEAL. 2ND STAGE: 780 SXS 'C' LITE + 5 PPS SALT + .25 PPS CELLOWSEAL, TAIL W/100 SXS 'C'. TOC @ 500' (TS). WOC 4 DAYS.

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)

SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE **NOV 10 1994**

CONDITIONS OF APPROVAL, IF ANY: