

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. <b>30-015-28065</b>
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 <b>TIRANO CNG STATE</b>
8. Well No. <b>NO. 3</b>
9. Pool name or Wildcat <b>WILLOW LAKE (DELAWARE)</b>

(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 **ARTESIA**

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
**2947.8**

RECEIVED  
OCT 19 '94

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: **SET PRODUCTION CSG** ☐

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 Donna Williams 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: \_\_\_\_\_