Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

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		WELL API NO. 30-015-28065	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088		5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			STATE FEE X 6. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PROF DIFFERENT RESER	CES AND REPORTS ON WE POSALS TO DRILL OR TO DEEPEI VOIR. USE "APPLICATION FOR F C-101) FOR SUCH PROPOSALS.)	N OR PLUG BACK TO A PERMIT"	7. Lease Name or Unit Agreement Name TIRANO CNG STATE
1. Type of Well: OIL GAS WELL X WELL	OTHER		
Name of Operator MERIDIAN OIL INC.			8. Well No. NO. 3
3. Address of Operator P.O. 51310, Midland, TX 7	9710–1810		9. Pool name or Wildcat WILLOW LAKE (DELAWARE)
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 will 2947.8	nether DF, RKB, RT, GR, etc	:.)
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:			SEQUENT 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 CE	MENT JOB
OTHER:		OTHER: SET CIBP	& REPERF'D IN UPPER DELAWARE
12. Describe Proposed or Completed Operators work) SEE RULE 1103.	erations (Clearly state all pertinent	details, and give pertinent da	tes, including estimated date of starting any proposed
3/28/95: MIRU. NU BOP. TOH W/TBG. 3/29/95: SET CIBP @ 4800' W/2 SXS CMT ON TOP. PERFORATE FROM 4612'-4622' (40 SHOTS). A W/750 GLS 7.5% HCL. F W/6000 GLS 35# XL GEL + 20,000 LBS 16/30 SAND.			
4/1/95: TIH W/TBG AND SE	T @ 4538'. TÜRN OVER TO	PRODUCTION.	
	1826' '-4622'		1670 - S. J.
TOTAL DEPTH: 5205' PBTD: CIBP @ 4800'			APR 10 1235
I hereby certify that the information above is t	true and complete to the best of my know	rledge and belief.	
SIGNATURE CLU		TITLE REGULATORY AS:	DATE 4/6/95
TYPE OR PRINT NAME DONNA WILLIA	MS		TELEPHONE NO. 915-688-6943
	Signed by the W. Gile I supervisor		AP R 1 0 1995
APPROVED BY	*	TITLE	DATE