

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>30-015-28066</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. 4</b>
9. Pool name or Wildcat <b>WILLOW LAKE (DELAWARE)</b>

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	
2. Name of Operator <b>MERIDIAN OIL INC.</b>	
3. Address of Operator <b>P.O. 51310, Midland, TX 79710-1810</b>	
4. Well Location Unit Letter <b>K</b> : <b>1980'</b> Feet From The <b>SOUTH</b> Line and <b>1980'</b> Feet From The <b>WEST</b> Line Section <b>36</b> Township <b>24S</b> Range <b>28E</b> NMPM <b>EDDY</b> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) <b>2949.9</b>	

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 JOBS ☐  
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent data including estimated date of starting any proposed work) SEE RULE 1103.

DRLD A 7 7/8" HOLE TO 5202'. RAN 117 JTS 15.5# K-55 LTC CSG AND SET @ 5202'. USED FIFTEEN (15) CENTRALIZERS. DV TOOL @ 3973'. CMED W/350 'C' 50/50 POZ + .6% CF-2 + 3 PPS KCL + 1/4 PPS CELLOSEAL. 2ND STAGE: 900 SXS PSAL 'C' 65-35-(6) + 5 PPS SALT + 1/4 PPS CELLOSEAL, TAIL W/100 'C' NEAT. CIRC 98 SXS TO PIT. TOC @ SURF.

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 **11/11/94**

TYPE OR PRINT NAME **DONNA WILLIAMS** TELEPHONE NO. **915-688-6943**

(This space for State Use)

**SUPERVISOR, DISTRICT II**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE **NOV 22 1994**

CONDITIONS OF APPROVAL, IF ANY: