

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.
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. SF 077092
7. Lease Name or Unit Agreement Name Houck
8. Well No. 3
9. Pool name or Wildcat Basin Dakota

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator Meridian Oil Inc.	
3. Address of Operator P.O. Box 4289, Farmington, New Mexico 87499	
4. Well Location Unit Letter <u>G</u> : <u>1850</u> Feet From The <u>North</u> Line and <u>2000</u> Feet From The <u>East</u> Line Section <u>12</u> Township <u>29N</u> Range <u>10W</u> NMPM San Juan County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 5790' GL	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
OTHER: <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <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.

Permission is requested to pull tubing and rerun same with packer. Packer will set above existing perforations to isolate suspected casing failure.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

James W. Smith

TITLE

Production Supt.

DATE

4-12-89

TYPE OR PRINT NAME

James W. Smith

TELEPHONE NO. 326-9803

(This space for State Use)

APPROVED BY

Original Signed by EDUARDO OLIVERA

TITLE

SUPERVISOR DISTRICT II

DATE

CONDITIONS OF APPROVAL, IF ANY:

expires 7-13-89