

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 ☒

FEE ☐

6. State Oil & Gas Lease No.

E-505-6

7. Lease Name or Unit Agreement Name

Northeast Blanco Unit

8. Well No.

481

9. Pool name or Wildcat

Basin Fruitland Coal

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. *Blackwood & Nichols*

3. Address of Operator

PO Box 4289, Farmington, NM 87499

4. Well Location

Unit Letter N : 1005 Feet From The South Line and 1835 Feet From The West Line

Section 36 Township 31N Range 7W NMPM Rio Arriba County

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

6483' GL

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

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 CEMENT JOB ☐

OTHER: ☐

OTHER: ☐

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.

Casing program is changed in this well to the following:

Surface casing - 9 5/8" set @ 512'

Intermediate casing - 7" set @ 3174'

Uncemented liner - 5 1/2" proposed depth +3415'

from:

Surface - 9 5/8" @ 730'

Long string - 7" @ 3650'

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

SIGNATURE

*[Signature]*

TITLE

Regulatory Affairs

DATE

8-30-89

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

Original Signed By EDUARD CHAVEZ

TITLE

DATE

AUG 31 1989

CONDITIONS OF APPROVAL, IF ANY: