Submit 3 Copies

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT

CONDITIONS OF AFFROVAL, IF ANY:

OIL CONSERVATION DIVISION

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 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"					WELL API NO.	
					5. Indicate Type of Lease STATE X FEE	
					6. State Oil & Gas Lease No. E - 2757-3	
					7. Lease Name or Unit Agreement Name	
1. Type of Well:	(FORM C-10	1) FOR SUCH PROPOSALS	L)		Turner B Com	
OEL	WELL X	OTT-MAR.				
2. Name of Operat			•		8. Well No.	
Meridia Address of Ope	n Oil Inc.				250 9. Pool same or Wildcat	
Р.О. Во		nington, NM 87	499		Basin Fruitland Coal	
4. Well Location	F . 1503	For Form Worth		Time and 178	5 Feet Prom The West Line	
URK LIGHT						
Section	0 2	Township 30N	Rat	oge 09 W DF, RKB, RT, GR, etc.)	NMPM San Juan County	
		6027'GL		, 102, 11, 01, ac.,		
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data						
N	SSEQUENT REPORT OF:					
PERFORM REME	DIAL 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 C				EMENT JOB		
OTHER:				OTHER:		
	and or Completed Operation	es (Clearly state all pestiment de	tails an	d give pertinent dates inch	iding estimated date of starting any proposed	
work) SEE RU		es (Cieuriy Sime da periodre de	,	2 g. 1 c per 12 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		
5 - 4 - 89		MOL RU. Tih w/3 7/8" bit, 2 3/8" tbg 2819'KB. Unload hole. circ. Tooh w/bit. Tih w/2 3/8" exp chk & "F" nip to 2818'.				
5 - 8 - 89	1-10' pup 3 @ 2794'. ur chk @ 2756'	it, "F" nip, ex nload hole. cle	tp cl an :	hk, total 28 fill to 2819	w/2 3/8" tbg (92 jts), 28'. tih w/5 stds, tag fil '. land tbg @ 2756'. exp wh. pump out chk. blow	
	to pit.				RECEIVED	
					MAY1 91989	
	 .				CON. DIV.	
I hereby/certify that	1 2 2	and complete to the best of my knowl	edge and	belief.	DIST. 3 5-14.89	
SIGNATURE	70,00		(11)		TELEPHONE NO.	
TYPE OR FRENT NAM						
(This space for State		AND T CUAVET			70107 3.1 1.1 8\/ .4 \(0.400)	
APPROVED BY	Original Signed by FR	CANN I. CHAVLE	— п	SUPERVISOR DIS	TRICT TALE MAY 1 9 198	