

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

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. <b>30-025-09373</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>B-1167</b>
7. Lease Name or Unit Agreement Name <b>SHELL STATE</b>
8. Well No. <b>NO. 3</b>
9. Pool name or Wildcat <b>JALMAT TANSIL YTS 7RVRS</b>
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

**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.**

3. Address of Operator  
**P.O. 51310, Midland, TX 79710-1810**

4. Well Location  
Unit Letter **P** : **660'** Feet From The **SOUTH** Line and **660'** Feet From The **EAST** Line  
Section **22** Township **23S** Range **36E** NMPM LEA County

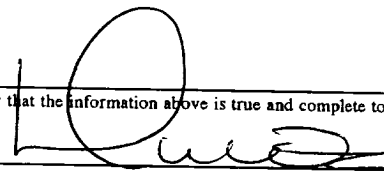
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <b>CHANGE IN STATUS</b> <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.

**THIS IS TO INFORM YOU THAT THE ABOVE REFERENCED WAS RETURNED TO PRODUCTION AS OF NOVEMBER 23, 1994.**

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

SIGNATURE  TITLE **REGULATORY ASSISTANT** DATE **1/9/95**

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

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE **JAN 11 1995**

CONDITIONS OF APPROVAL, IF ANY:

ORIGINAL STAMPED BY JERRY SEXTON  
DISTRICT SUPERVISOR