Submit 3 Copies to Appropriate District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I	OIL CONSERVAT	ION DIVISION		
P.O. Box 1980, Hobbs NM 88240	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO. 30-025-	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type	of Lease
DISTRICT III				STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & G	ras Lease No.
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"				
			7. Lease Name or Unit Agreement Name	
1. Type of Well:	-101) FOR SUCH PROPOSALS.)		Aunt Lula	'30'
OIL GAS WELL OTHER X - Dry Hole				
2. Name of Operator			8. Well No.	
Meridian Oil Inc.			# 1	
3. Address of Operator P.O. 51310, Midland, TX 79710-1810			9. Pool name or Wildcat Wildcat Wolfcamp	
4. Well Location Unit Letter   1980'	Feet From The South	Line and 660'	Feet Fro	om The East Line
Section 30	Township 10S	Range 38E	<sub>NMPM</sub> Lea	Country
	10. Elevation (Show wh	nether DF, RKB, RT, GR, et	c.)	County
11. Check And	//////	4- NI-4	D	<u> </u>
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:				
NOTICE OF IN	TENTION TO:	_ SUE	SSEQUEN	REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		OPNS.	PLUG AND ABANDONMENT X
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB		
OTHER:		OTHER:		
12. Describe Proposed or Completed Opera	etions (Clearly state all partinent	details and give portinent de	too including estin	noted data of stanting and managed
work) SEE RULE 1103.	mons (Clearly state an periment	details, and give per timent da	ites, metuamy estin	nated date of starting any proposed
12/27/95: Set cmt plugs as 9900' to 9800' 50 sxs 7050' to 6950' 50 sxs	follows:			
5800' to 5700' 75 sxs				
2280' to 2180' 50 sxs				
Surface 10 sxs				
Well was a dry hole and plugged and abandoned				
I hereby certify that the information above is tru	e and complete to the best of my know!	edge and belief.		
SIGNATURE	<u> </u>	TITLE Regulatory Comp	oliance	DATE 1/29/96
TYPE OR PRINT NAME DONNA WIlliams				TELEPHONE NO. 915-688-6943
(This space for State Use)				
APPROVED BY		CID Comment		Ann and Francisco