Submit 3 Copies to Appropriate District Office

State of New Mexico E

TEMPORARILY ABANDON PULL OR ALTER CASING

11.

OTHER:

to Appropriate District Office	Enea , Minerals and Natural Re	sources Department	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL CONSERVATIO P.O. Box 208	38	WELL API NO. 30-025-30528
P.O. Drawer DD, Artesia, NM 88210 Salita Fe, New Mexico 8/504-2088		5. Indicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			STATE X FEE
			6. State Oil & Gas Lease No. LG-604
SUNDRY NOT	ICES AND REPORTS ON WEL	.LS	
(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.)			7. Lease Name or Unit Agreement Name
1. Type of Well:			STATE "DR"
OIL XX WELL CAS	OTHER		
 Name of Operator Meridian 0i 	l Inc.		8. Well No. 5
3. Address of Operator			9. Pool name or Wildcat
21 Desta Dr 4. Well Location	. Midland, Texas 79705		West Lusk (Delaware)
Unit Letter G : _198		Line and 1980	Feet From The East Line
Section 16	Township 19 South Ra	nge 32 East	NMPM Lea County
	10. Elevation (Show whether		
11. Check	Appropriate Box to Indicate 1	Nature of Notice, R	eport, or Other Data
NOTICE OF INTENTION TO:			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	GOPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB
OTHER:		OTHER: CMT 2nd	Stage - 5 1/2" CSG XX
12. Describe Proposed or Completed Operwork) SEE RULE 1103.	utions (Clearly state all pertinent details, an	d give pertinent dates, inclu	ding estimated date of starting any proposed
03/07/89 - 5 1/ 55/5	2" CSG. CMT. 2nd Stag O Silica-lite + .2% CF	e w/2500 sx Cl. R-2, 1.78 Yield	"C"

03/07/89 -5 1/2" 55/50 12.4 WT. Tail w/100 sx Cl "C" 2% CaCl₂, 1.32 Yield 14.8 WT. Displaced w/56 BBLS Fresh Water. CMT. CIRC. to Surface

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON	MAD 9 1 1000
TYPEOR PRINT NAME Robert L. Bradshaw	(915) 686–5678 TELEPHONE NO.
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Sr. Staff Env./Reg. Spec.	DATE 03/16/89

DISTRICT I SUPERVISOR

RACI I 2 YHW

APPROVED BY-

RECEIVED

MAR 20 1989

 $\sum_{i=1}^{n} \frac{A_i \sum_{i=1}^{n} A_i}{\sum_{i=1}^{n} A_i} = \sum_{i=1}^{n} \frac{A_i \sum_{i=1}^{n} A_i}{\sum_{i=1}^{n} A_i}$

OCD HOBBS OFFICE