Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerais 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

WELL API NO.

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

Santa Fe, New Mexico 87504-2088

30-025-30622

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	5. Indicate Type of Lease STATE X FEE  6. State Oil & Gas 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"  (FORM C-101) FOR SUCH PROPOSALS.)  1. Type of Well:	LG-4087  7. Lesse Name or Unit Agreement Name
OR WELL AND GAS WELL OTHER	State "16"
Meridian OII Inc.	8. Weli No.
21 Desta Drive, Midland, Texas 79705  4. Well Location	9. Pool name or Wildcat South Corbin (Wolfcamp)
Unit Letter M: 548 Feet From The South Line and 76  Section 16 Township 18 South Range 33 East 10. Elevation (Show whether DF, RKB, RT, GR, etc.)	Feet From The West Lin
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK  TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING  PULL OR ALTER CASING CASING TEST AND CENTER:  OTHER: Cmt. 5 1	SEQUENT REPORT OF:  ALTERING CASING  OPNS. PLUG AND ABANDONMENT [ MENT JOB [  1./2" Csg.
<ul> <li>12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1103.</li> <li>5 1/2" Csg. Set @ 11,460'. Ran 30 Centralizers. DV @ 7989'</li> </ul>	ing estimated date of starting any proposed
1st Stage: Cmt w/500 gal mud flush & 1000 gal Flo-Check 21 Halad 322. Plug down @ 8:40 a.m.  Opened stage collar @ 7989'. Circ. 150 sx. Circ. 6 hrs.  2nd State: Cmt w/ Cl. "H" 50:50 Silica Fume + 0.2% CFR-2 Fo w/0.5% Halad 322. Plug down @ 3:57 p.m. 7/07/8	+ 825 sx Cl. "H" w/0.8%

I hereby certify that the information above in true and complete to the best of my knowledge and belief.  SIGNATURE TITLE Sr. Staff Env./Reg. Spec.	7/17/89
TYPEOR PRINT NAME Robert L. Bradshaw	(915)686-5678
(This space for State Use)	

TITLE -

ORIGINAL SIGNED BY JERRY SEXTON

**DISTRICT I SUPERVISOR** 

JUL 1 9 1989

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

L 18 1999

OCD HOBBS OFFICE