

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

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

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

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

WELL API NO. 30-025-30949
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG-4087
7. Lease Name or Unit Agreement Name State "16"
8. Well No. 6
9. Pool name or Wildcat West Corbin (Delaware)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3863' GR.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Meridian Oil Inc.
3. Address of Operator 21 Desta Dr., Midland, TX 79705
4. Well Location Unit Letter O : 660 Feet From The South Line and 1890 Feet From The East Line Section 16 Township 18 South Range 33 East 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: Set and cement casing <input checked="" 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.

Spudded well @1600 hrs on 8/11/90.
8/12/90--Set 8-5/8" 24#, K-55 csg @460'. Cmt w/325 sx Class C W/2% CaCl2 & 0.25 pps Flocele. Circ. 125 sx. PD @1615 hrs.
8/20/90--Set 5-1/2" 15.5#, K-55 csg @5510'. Cmt w/950 sx Class C Lite + 9 pps salt & 0.25 pps Flocele.
Tail w/275 sx Class C w/5 pps salt. Circ. 50 sx to surface.

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

SIGNATURE Robert L. Bradshaw TITLE Sr. Staff Env./Reg. Spec. DATE 17 September 90

TYPE OR PRINT NAME Robert L. Bradshaw TELEPHONE NO. 915-686-5678

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 19 1990

CONDITIONS OF APPROVAL, IF ANY: