

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.
30-025-31044

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
LG-4087

7. Lease Name or Unit Agreement Name

State "16"

8. Well No.

7

9. Pool name or Wildcat

South Corbin (Wolfcamp)

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

21 Desta Dr., Midland, TX 79705

4. Well Location

Unit Letter P : 510 Feet From The South Line and 660 Feet From The East Line

Section 16

Township 18 South

Range 33 East

NMPM Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3863' GR.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Set & Cement Casing ☒

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.

11/29/90--Run 5-1/2" 17# N-80 LTC csg and set @11,550'.

Cmt 1st Stage: 320 sx Super H + 5.0% salt + 0.5% CF-21, 0.5% Diacel LWL. Tail w/450 sx Class H + 0.2% CF-9 + 0.2% TF4 + 3% KCl. Plug down @1350 hrs. MST. Circulate 170 sx--DV tool @8005'.

Cmt 2nd Stage: 1050 sx Class H Lite. Tail w/300 sx Class H. Plug down @ 2030 hrs MST.

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 30 November 1990

TYPE OR PRINT NAME Robert L. Bradshaw

TELEPHONE NO. 915-686-5678

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: