State of New Mexico Submit 3 Copies Form C-103 Energy, Minerals and Natural Resources Department to Appropriate District Office Revised 1-1-89 <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION WELL API NO. P.O. Box 2088 30-025-31380 DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE FEE L DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. V8-161 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: PERCHA 15 STATE CAS WELL WELL X 2. Name of Operator 8. Well No. MERIDIAN OIL INC. 2Y 3. Address of Operator 9. Pool name or Wildcat P.O. Box 51810, Midland, TX 79710-1810 CORBIN BONE SPRING SOUTH 4. Well Location : 660 Feet From The SOUTH Unit Latter N 1830 Feet From The WEST Line and Section 15 Township 18-S Range 33-E NMPM LEA County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3875.4' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: OTHER: RE-PERF'D 3RD BONE SPRING & ACIDIZED 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. 12-27-91 RE-PERFORATED BONE SPRING 9912'-9940', 4 SPF, 116 HOLE. 12-28-91 ACIDIZED PERFS 9912'-9940' W/5000 GALLONS 20% LCA HCL. 12-29/30-91 SWAB TESTED. 12-31-91 RAN 2-7/8" TBG, SN @9976.48', TIH W/2-1/2" X 1-1/4" X 36' PUMP. TURN WELL TO PRODUCTION.

I hereby cartify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE MANY I - Pese	TITLE PRODUCTION ASST.	DATE 12-31-91
TYPEORPHITNAME MARIA L. PEREZ		ТВІДИНОМЕ NO. 915-688-6906
(This space for State Use)		JAN 0 3 '92

DATE .

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY -