

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. 30-025-31380
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V8-161
7. Lease Name or Unit Agreement Name PERCHA 15 STATE
8. Well No. 2Y
9. Pool name or Wildcat CORBIN BONE SPRING SOUTH
10. Elevation (Show whether DP, RKB, RT, GR, etc.) 3875.4' 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 ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
MERIDIAN OIL INC.

3. Address of Operator
P.O. Box 51810, Midland, TX 79710-1810

4. Well Location
Unit Letter N : 660 Feet From The SOUTH Line and 1830 Feet From The WEST Line

Section 15 Township 18-S Range 33-E NMPM LEA County

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: RE-PERF AND ACIDIZE 3RD BONE SPRINGS ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

RIH W/4" CSG GUN, RE-PERFORATE 3RD BONE SPRING DOLOMITE FROM 9912'-9940', 4 SPF, 116 HOLES. SET 2-7/8" TBG AND PKR AND TEST TO 6200 PSI. PU PKR AND SET AT 9780'. TEST SURFACE LINES TO 6500 PSI. LOAD BACKSIDE AND PLACE 1000 PSI ON 2-7/8" X 5-1/2" ANNULUS. MONITOR THROUGHOUT JOB. PUMP 5000 GALLONS OF 20% LCA HCL ACID. SWAB AND FLOW TEST. KILL WELL W/TREATED 2% KCL WTR. SET PRODUCTION TBG. TURN WELL TO PRODUCTION.

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

SIGNATURE Maria L. Perez TITLE PRODUCTION ASST. DATE 12-31-91

TYPE OR PRINT NAME MARIA L. PEREZ

TELEPHONE NO. 915-688-6906

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 03 '92