

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. 30-025-31392
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LH-1840
7. Lease Name or Unit Agreement Name CORBIN STATE
8. Well No. 2
9. Pool name or Wildcat SOUTH CORBIN WOLFCAMP
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3898.3 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 P.O. Box 51810, Midland, TX 79710-1810	4. Well Location Unit Letter H : 510 Feet From The EAST Line and 1980 Feet From The NORTH Line Section 16 Township 18-S Range 33-E NMPM LEA County
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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: ADD PERFS & ACDZ <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input 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.

PERFORATE WOLFCAMP 11040-11080' 2SPF (82 HOLES) ACDZ W/110 GALS TRETOLITE P190-34K PARAFFIN INHIBITOR AND FOLLOWED W/4000 GAL 15% PENTAL 100+123 BS.

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

SIGNATURE Pat Henry TITLE PRODUCTION ASST. DATE 12-15-92
TYPE OR PRINT NAME PAT HENRY TELEPHONE NO. 915 688-6899

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 18 '92