

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

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 <u>H</u> : <u>510</u> Feet From The <u>EAST</u> Line and <u>1980</u> Feet From The <u>NORTH</u> Line Section <u>16</u> Township <u>18-S</u> Range <u>33-E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3898.3 GR	

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 5-1/2" PRODUCTION 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.

5-23-92 RUN 271 JTS 5-1/2" CSG. CIRC 5-1/2" CSG. SET @ 11550.11'.  
CMT 1ST STAGE W/ 225 SX PREMIUM W/ .6% HALAD-9 & 0.3% CFR2 & 2# KCL PER SX. DID NOT CIRC OFF DV TOOL.

5-24-92 CIRC DV TOOL. CMT RECORD: 2ND STAGE 400SX SILICA LITE W/ 0.5% HALAD 322 & 150 SX PREMIUM 0.6% HALAD 9 & 0.3% CFR-2 & 2# KCL. 3RD STAGE 1200 SX HOWCO LITE W/ 9# SALT & 150 SX PREMIUM PLUS & 1# SILICA. TOP OF CMT 2450' BY T. SURVEY.

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

SIGNATURE Roxann Scholz TITLE PRODUCTION ASST. DATE 06/10/92

TYPE OR PRINT NAME ROXANN SCHOLZ

TELEPHONE NO. 915-688-6943

(This space for State Use)

APPROVED BY DAVID M. HART TITLE DAVID M. HART DATE JUN 16 92

CONDITIONS OF APPROVAL, IF ANY: