Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO.
30-025-31392

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
LH-1840

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.)

7. Lease Name or Unit Agreement Name
CORBIN STATE

1. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
MERIDIAN OIL INC.

8. Well No.
2

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

9. Pool name or Wildcat
SOUTH CORBIN WOLFCAMP

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

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 [ ]	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: SET 13-3/8" & 8-5/8" SURFACE CASING [X]	

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.

4-28-92 RAN 9 JTS 13-3/8" CSG TO 395'. CIRC CSG. CMTD W/ 425 SX CLASS "C" W/ 2% CACL2 & 1/4# GEL FLAKE. CIRC 125 SX TO SURFACE. PLUG DOWN 6:30 AM. CST. WOC. 18 hrs

5-02-92 RAN & SET 8-5/8" CSG @ 2935'. CMT PLUG DN @ 5:30 AM. WOC. CMT DETAIL: CMT W/ 1500 SX CLASS "C" LITE & 6% GEL & 9 PPS SALT & 1/4 FLOCELE FOLLOWED BY 250 SX CLASS "C" 2% CACL2. CIRC 400 SX TO SURFACE. WOC. 18 hrs.

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 TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: