

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.<br>30-025-31392  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>LH-1840   |
| 7. Lease Name or Unit Agreement Name<br>CORBIN STATE  |
| 8. Well No.<br>2  |
| 9. Pool name or Wildcat<br>SOUTH CORBIN WOLFCAMP  |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>11,550'                                       |

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 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.)  
11,550'

|   |   |  |   |
|---|---|--|---|
| 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"/>                                | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/>                       | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>             | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>                                 |   | CASING TEST AND CEMENT JOB <input type="checkbox"/>          |   |
| OTHER: <input type="checkbox"/>   |   | OTHER: CHANGE LEASE NAME <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.

AMEND NAME FROM SOUTH CORBIN STATE NO. 2, TO CORBIN STATE NO. 2.

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 06/04/92

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: