

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. 30-025-234100
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name State DS
8. Well No. No. 6
9. Pool name or Wildcat Spencer San Andres

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.

Southland Royalty Co

3. Address of Operator

P.O. 51310, Midland, TX 79710-1810

4. Well Location

Unit Letter **O** : **990'** Feet From The **South** Line and **2310'** Feet From The **East** Line

Section **24**

Township **17S**

Range **36E**

NMPM **Lea**

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: **Pilot Waterflood/Order No. R-10054** ☒

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.

AMENDED: Well was returned to production.

GOR TEST: 11 oil, 5 gas, 466 water
GAS TO OIL RATIO: 454:1

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

SIGNATURE _____ TITLE **Regulatory Compliance** DATE **8/1/95**

TYPE OR PRINT NAME **Donna Williams** TELEPHONE NO. **915-688-6943**

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY **DISTRICT I SUPERVISOR**

TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

AUG 8 2 1995

UDD HOBBS
OFFICE