Submit 3 Copies

State of New Mexico

Form C-103

| to Appropriate District Office | Energy, Minerals and Natural Resources Department | | Revised 1-1-89 | |
|---|--|---|---|----------------------|
| DISTRICT I P.O. Box 1980, Hobbs NM 88240 | OIL CONSERVATION P.O. Box 2 | WELL API NO. 30-02523432 | | |
| DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | Santa Fe, New Mexic | co 87504-2088 | 5. Indicate Type of Lease | |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | | | STATE 6. State Oil & Gas Lease No. | X FEE |
| 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 State DS | |
| | | | | |
| 2. Name of Operator Meridian Oil Inc. | ations of horally 6 | | 8. Well No. | |
| 3. Address of Operator P.O. 51310, Midland, TX 797101810 | | | 9. Pool name or Wildcat Spencer San Andres | |
| 4. Well Location Unit Letter P : 990' | Feet From The South | Line and | Feet From The East | Line |
| Section 24 | | Range 36E ther DF, RKB, RT, GR, et | NMPM Lea | County |
| | 10. Elevation (Show whe | mer Dr, RKB, RI, GR, el | c.) | |
| | opropriate Box to Indicate NTENTION TO: | 1 | , Report, or Other Dates BSEQUENT REPORT | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | ALTERING | CASING |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILLING | GOPNS. DPLUG AND | ABANDONMENT |
| PULL OR ALTER CASING | | CASING TEST AND C | EMENT JOB [| |
| OTHER: | | OTHER: Pilot Waterflood/Order No. R-10054 | | |
| 12. Describe Proposed or Completed Opwork) SEE RULE 1103. | erations (Clearly state all pertinent d | etails, and give pertinent de | ates, including estimated date of s | tarting any proposed |
| 5/31/95: MIRU. TOH w/tbg 6/1/95: TIH w/5 1/2" SST 6/2/95: Acidize San Andres 6/3/95: RIH w/2.875" tbg a | pkr & SN on tbg to 4798'. s perfs 4962'-4970' w/250 | 0 als 15% Pentol 20 | 0. | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| I hereby certify that the information above is | true and complete to the best of my knowle | dge and belief. | | |
| SIGNATURE | | TILE Regulatory Com | pliance DATE | 7/5/95 |

JUL 27 1935 DATE

TELEPHONE NO. 915-688-6943

(This space for State Use) ORIGINAL TOTAL

TO EXCLUSIV

TITLE __

APPROVED BY____ CONDITIONS OF APPROVAL, IF ANY:

TYPE OR PRINT NAME Donna Williams

RECEIVED

JUL U 6 1095 UCD NUBBS