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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
<i>B-1520</i>

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 TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator <i>Mediac Oil Corporation</i>	8. Form or Lease Name <i>Bridge State</i>
3. Address of Operator <i>Box 633, Midland, Texas 79701</i>	9. Well No. <i>178</i>
4. Location of Well UNIT LETTER <i>E</i> <i>2310</i> FEET FROM THE <i>North</i> LINE AND <i>990</i> FEET FROM THE <i>West</i> LINE, SECTION <i>25</i> TOWNSHIP <i>17-S</i> RANGE <i>34-E</i> N.M.P.M.	10. Field and Pool, or Wildcat <i>Vee-Maryburg-S.A.</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>H015 GR</i>	12. County <i>Lee</i>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒
*TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:
REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. 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.

Perforate the Upper San Andres, stimulate and test
Set a retrievable bridge plug at ± 4450 . Spot 500 gallons of 15% NE
acid over the proposed perforations. Using Schlumberger (Gamma Ray - Dexis
Log 1-7-74) perforate the following additional holes $\frac{w}{2}$ TSPF 4456-62'
and 4478-85'. Fracture the San Andres formation (4456-4485 OA) down 7"
Coq $\frac{w}{2}$ 30,000 gal. 9#/gal. of salt water and 30,000* of 20-40 sand at 50 BPM.
All fracturing fluid should contain 20#/1000 gal of Guar Gum, 25#/100
gals of adomate aqua + 2 gal/1000 gals of adomol.

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

SIGNED <i>Christine O. Tucker</i>	TITLE <i>Peroration Clerk</i>	DATE <i>6-21-74</i>
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		