

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.  
30-025-30735

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
V-1357

7. Lease Name or Unit Agreement Name  
Mitchell "16" State

8. Well No.  
1

9. Pool name or Wildcat  
Young (Wolfcamp)

**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  
21 Desta Dr., Midland, TX 79705

4. Well Location  
Unit Letter H : 1650 Feet From The North Line and 990 Feet From The East Line

Section 16 Township 18 South Range 32 East 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: Set & Cmt Csg ☒

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.

Spud well on 12/20/89.  
Set 13 3/8" csg @ 348'. Cmt w/370 sx Class C w/ 2% calcium chloride. P.D. @ 9:15 p.m. on 12/20/89. Circ. 75 sx.  
Set 8 5/8" csg @ 2918'. Cmt w/1000 sx Hallite w/9# salt, 1/4# Flowseal per sx. Tailed w/ 250 sx Class C w2% calcium chloride. P.D. @ 5:45p.m. on 12/27/89. Circ. 100 sx.

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

SIGNATURE Robert L. Bradshaw TITLE Sr. Staff Env./Reg. Specialist DATE 01/15/90

TYPE OR PRINT NAME Robert L. Bradshaw

TELEPHONE NO. 915/686-5678

(This space for State Use)

ORIGINAL SIGNED BY JEFFY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**JAN 17 1990**

RECEIVED

JAN 16 1990

OCB  
MOBBS OFFICE