

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-025-30891

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.
2

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 A : 469 Feet From The North Line and 554 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.)
3799' GR.

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 09 May 1990. Set 13 3/8" 48#, H-40, STC csg @ 351'. Cmt w/370 sx Class C + 2% CaCl2 + 1/4# per sx Flocele. Circ. 63 sx to surface. P.D. @ 0400 hrs. on 10 May 1990.
Set 8 5/8" 24#, K-55, STC csg. @ 2900'. Cmt w/1225 sx Class C Lite + 12% salt + 1/4# per sx Flocele--Lead; 200 sx Class C + 2% CaCl2--Tail. Circ. 200 sx to surface. P.D. @ 0805 hrs on 15 May 1990.

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. Spec. DATE 17 May 1990

TYPE OR PRINT NAME Robert L. Bradshaw

TELEPHONE NO. 915/686-5678

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

MAY 21 1990

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: