State of New Mexico Energy, Munerals 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

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088			WELL API NO.	
DISTRICT II Sonta Fe New Marion 87504 2088			30-025-3098	5
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. V-1357	
(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	
1. Type of Well:	OTTOOTT HOTOGALS.		MITCHELL '16	' STATE
MEIT X MEIT OYZ	OTHER			
2. Name of Operator	*************************************		8. Well No.	
MERIDIAN OIL INC. 3. Address of Operator			# 3	
P.O. Box 51810, Midland, TX 79710–1810			9. Pool name or Wildcat	
4. Well Location			NORTH YOUNG	(SAN ANDRES)
Unit Letter G: 1650 j	Sect From The NORTH	Line and	2310 Feet From	The EAST Line
Section 16	Fownship 18S Ran	ge 32E 1	NMPM LEA	Constru
	10. Elevation (Show whether D	OF, RKB, RT, GR, etc.)		County
	3787' GR			
11. Check Appr	ropriate Box to Indicate N	lature of Notice, Re	port, or Other	Data
NOTICE OF INTEN	TION TO:	SUB	SEQUENT RE	EPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASING
EMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING			OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB	
OTHER:		OTHER: TEMPORARY	Y_ABANDONED	· x
12. Describe Proposed or Completed Operations (a work) SEE RULE 1103.	Clearly state all pertinent details, and	l give pertinent dates, includ	ling estimated date of	starting any proposed
10/28/93: ND WH. RU WIRELINE. INTEGRITY TEST TO 500 PSI. OK. NI	. RIH W/CIBP SET AT 4500 U WH.	0'. CIRCULATED HOL	.E W/PKR FLUID	D. RAN PRESSURE
REQUEST TEMPORARY ABANDON STA	ATUS.			
SEE ATTACHED CHART.				
OLE ATTACHED CHART.				
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I hereby certify that the information above is true and co	mplete to the best of my knowledge and be	dia.		
SIGNATURE	m m	PRODUCTION ASSIS	STANT	DATE 11/2/93
TYPE OR PRINT NAME DONNA WILLIAMS				TELEPHONE NO. 915-688-6943
(This space for State Use) ORIGINAL SIGNE	D BY JERRY SEXTON			
	SUPERVISOR			NOV 04 1993
CONDITIONS OF APPROVAL, IF ANY:	· · · · · · · · · · · · · · · · · · ·			— ратв ————
The second secon		This Approval	Of Tempora	rv . ^~
		This Approval Abandonmant E	xpires	11-1-98
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