

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.  
30-025-31557

5. Indicate Type of Lease  
STATE ☒ FEE ☐

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

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.

8. Well No.  
5

3. Address of Operator  
P.O. Box 51810, Midland, TX 79710-1810

9. Pool name or Wildcat  
NORTH YOUNG DELAWARE

4. Well Location  
Unit Letter H : 1650 Feet From The NORTH Line and 890 Feet From The EAST Line

Section 16 Township 18-S Range 32-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3788.5 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 5-1/2" PRODUCTION 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.

5-12-92 RAN 140 JTS 5-1/2" 15.50 & 17# K-55 KT&C CSG. TOTAL LENGTH 5803', SET @ 5798'.  
CIRC CSG. CMT W/ 940 SX PACESETTER LITE + 5#/SX SALT + 1/4#/SX CELLOSEAL (LEAD),  
490 SX CLASS "C" + 1% CF-1 (TAIL). TOC @ SURF. CIRC 84 SX TO RESERVE. PLUG DN @  
1:00 AM. WOC 3 DAYS. RIG RLS @ 7:00 AM 5/12/92.

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

SIGNATURE Roxann Scholz TITLE PRODUCTION ASST. DATE 06/02/92

TYPE OR PRINT NAME ROXANN SCHOLZ

TELEPHONE NO. 915-688-6943

(This space for State Use)

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

CONDITIONS OF APPROVAL, IF ANY: