

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

7. Lease Name or Unit Agreement Name

MITCHELL "16" STATE

8. Well No.
5

9. Pool name or Wildcat
NORTH YOUNG DELAWARE

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
P.O. Box 51810, Midland, TX 79710-1810

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 8-5/8" SURFACE 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.

5-02-92 DRLG 12-1/4" TO 406'. RU & RIH W/ 14 JTS 8-5/8" 24# K55 ST&C CSG. TOTAL LENGTH
411', SET @ 406'. CMT W/ 300 SX CLASS "C" CMT W/ 2% CACL2 & 1/4# PER SX CELLOSEAL.
TOC @ SURFACE. CIRC 75 SX CMT. PLUG DN @ 1:00 PM. WOC 18 HRS. TEST BLIND RAMS
& CSG TO 1500 PSI.

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 06/01/92

TYPE OR PRINT NAME ROXANN SCHOLZ

TELEPHONE NO. 915-688-6943

(This space for State Use)

APPROVED BY [Signature] TITLE [Signature] DATE JUN 04 '92

CONDITIONS OF APPROVAL, IF ANY: