

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. 35883
30-025-05879

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-1167

7. Lease Name or Unit Agreement Name
Shell State

8. Well No.
14

9. Pool name or Wildcat
Eumont (Yates-7Rvrs-Queen)

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 990 Feet From The East Line

Section 3 Township 20-S Range 37-E NMPM Lea County

10. Elevation (Show whether DP, RKB, RT, GR, etc.)
3575'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: Perf and Frac Penrose ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

Clean out fill if necessary. Run GR/CCL log for correlation. Perforate Penrose with 3-1/8" casing guns and 1 SPF 3737'-3598'. Break down perms w/1500 gls of treated 2% KCl wtr & 44 7/8" RCNBS. Fracture stimulate Penrose w/26,000 gls of 50-Q CO2 foam & 78,000 lbs of 12/20 mesh Brady sand. Clean out fill with foam to PBTD. Put on production.

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

SIGNATURE Maria L. Perez TITLE Production Asst. DATE 7-18-91

TYPE OR PRINT NAME Maria L. Perez

TELEPHONE NO. 915-686-5767

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUL 22 1991

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUL 22 1991

033

HOSSBS OFFICE