Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office	_	
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088	<b>WELL API NO.</b> 30-025-27660	
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease  STATE  FEE X	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name  Ellen Weir	
1. Type of Well: OIL OAS WELL X OTHER		
2. Name of Operator	8. Well No.	
Meridian Oil Inc.	1	
3. Address of Operator	9. Pool name or Wildcat	
P.O. Box 51810, Midland, TX 79710-1810	Eumont (Yates-7Rvrs-Queen	
4. Well Location  Unit Letter M: 660 Feet From The South Line and	330 Feet From The West Line	
Section 3 Township 20-s Range 37-E	NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3549.7'GR	)	
Check Appropriate Box to Indicate Nature of Notice	e, Report, or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING CASING TEST AN	CASING TEST AND CEMENT JOB	
OTHER: Clean out & acidize OTHER:	OTHER:	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, work) SEE RULE 1103.	, including estimated date of starting any proposed	
Clean out well with foam to 3750'. Test annulus to 500 psi. Acidize Pe foamed with CO2 to 70-Quality, total of 6650 gls to clean up iron sulfide production equipment to 3750. Put on production.	enrose with 2000 gls of 15% NEFE HCl acid e. Space out 15 7/8" RCNBS. RIH with	

I hereby certify that the information above is true and complete to the best	of my knowledge and belief.	
SKONATURE WATER 1- Per	TILE Production Asst.	DATE 7-18-91
TYPEOR PRINT NAME Maria L. Perez		TELEPHONE NO. 915-686-5767
(This space for State Use)		

CONDITIONS OF APPROVAL, IP ANY:

RECEIVED

JUL 22 1931

NOSSE CATALIS