

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.
30-025-31898

5. Indicate Type of Lease
STATE ☒ FEE ☒

6. State Oil & Gas Lease No.
V-1618

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.)

7. Lease Name or Unit Agreement Name

Hat Mesa State

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Meridian Oil Inc.

8. Well No.
3

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

9. Pool name or Wildcat
Hat Mesa Delaware

4. Well Location
Unit Letter G : 1710 Feet From The North Line and 2310 Feet From The East Line

Section 32 Township 20S Range 33E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3627' 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: ☐

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.

4-4-93 - Spudded 17 1/2" hole: Drid to 402'. Ran 13 3/8" 48.0# H-40 STC csg set @ 402'. Cmt'd w/425 sxs Class "C" cmt 2% CaCl2 & .025 pps Cello-seal. WOC 18. Bumped plug w/750 psi for 30 mins. OK. Used 3 centralizers.

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

SIGNATURE Donna Williams TITLE Production Assistant DATE 5-18-93

TYPE OR PRINT NAME Donna Williams TELEPHONE NO. 915-688-6943

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

APPROVED BY _____ TITLE _____ DATE MAY 28 1993

CONDITIONS OF APPROVAL, IF ANY: