

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

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|-----------------------------------------------------------------------------------------------------|
| WELL API NO. 30-025-31900 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. V-1618 |
| 7. Lease Name or Unit Agreement Name Hat Mesa State |
| 8. Well No. 5 |
| 9. Pool name or Wildcat Hat Mesa Delaware |

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| 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | |
| 2. Name of Operator Meridian Oil Inc. | |
| 3. Address of Operator P.O. Box 51810, Midland, TX 79710-1810 | |
| 4. Well Location Unit Letter <u>F</u> : <u>1965</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line Section <u>32</u> Township <u>20S</u> Range <u>33E</u> 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: | SUBSEQUENT REPORT OF: |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> |
| OTHER: <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| | CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/> |
| | OTHER: <input type="checkbox"/> |

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.

3-5-93 - Spudded 17 1/2" hole. Drld to 415'. Ran 9 jts 13 3/8" 48# H-40 STC csg. set @ 415'. Cmt'd w/450 sxs class "C" cmt w/2% CaCL + 1/4 pps Cello-Seal. Circ. 200 sxs to surf. WOC 15 hrs. Bumped plug w/600 for 30 mins., O.K. Used 3 centralizers.

3-11-93 - Drld. 12 1/4" hole to 3305'. Ran 77 jts 8 5/8" 28# K-55 BTC csg set @3305'. Cmt'd w/1175 sxs class "C" Lite, @ 5.00 pps salt, & 0.25 cello flake followed by 300 sxs class "C" cmt plus 2.00% CaCL. circ. 435 sxs to surface. WOC 18 hrs. Bmped plug to 1500 psi for 30 mins. O.K. Used 10 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 5-11-93

TYPE OR PRINT NAME Donna Williams

TELEPHONE NO. 915-688-6943

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

MAY 28 1993

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: