

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. <u>3D-025-25431</u>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name CITGO SE <u>State</u>
8. Well No. # <u>1</u>
9. Pool name or Wildcat EUNICE (SR,QN) SOUTHWILD

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
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>H</u> : <u>2310</u> Feet From The <u>NORTH</u> Line and <u>480</u> Feet From The <u>EAST</u> Line Section <u>17</u> Township <u>22S</u> Range <u>36E</u> <u>23E</u> NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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: CLEAN OUT WELLBORE ☒

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.

1. MIRU PU. KILL WELL W/2% KCL. POOH W/RODS AND PMP
2. ND WH. NU BOP. POOH W/TG.
3. PU AND RIH W/WASHOVER PIPE AND DIAMOND CUT WASHOVER SHOE FOR TBG ON +\ -3741' OF 2 3/8" TBG.
4. RU FOAMED AIR UNIT. WASH OVER PARTED MUD ANCHOR W/FOAMED AIR AND RETRIEVE FROM FILL.
5. RIH AND CLEAN OUT TO PBTD (+/-3808)
6. MIRU ACID STIMULATION CO. SPOT 500 GLS 15% HCL ACROSS PERFS. SHUT WELL IN FOR 1 HR.
7. RU FOAMED AIR UNIT. JET WELL CLEAN W/FOAMED AIR. POOH AND RD FOAMED AIR UNIT.
8. PU AND RUN IN HOLE W/PRODUCTION STRING.
9. NU BOP. NU WH.
10. RETURN WELL TO PRODUCTION

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 2/15/94

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 MAR 08 1994

CONDITIONS OF APPROVAL, IF ANY: