

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. 30-025-31653
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. Y-2387
7. Lease Name or Unit Agreement Name Dagger Lake "5" State
8. Well No. 1
9. Pool name or Wildcat Dagger Lake Delaware
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3646.8' GR

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

4. Well Location Unit Letter 0 : 330 Feet From The South Line and 1980 Feet From The East Line Section 5 Township 22S Range 33E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	reperf pay zone, brk down w/acid ☒
	OTHER: & pump scale inhibitor sqz. ☒

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.

2-9-93 MIRU. POH w/tbg. SDFN.

2-10-93 Perforate 4962'-4980' + 4951'-4956'. RIH to 4980' on 2 3/8" tbg.
Acidize perfs 4951'-4980' w/2500 gals/ 7 1/2% of, 200 gals. of Toluene
ahead of acid. RIH to 4924'. Set pkr.

2-11-93 Swabbed. Chemical sqz. perf 4951'-4980' w/220 gals. of Tretolite SCW-0260H
scale inhibitor mixed w/26 bbls 2% Kcl wtr & 3 gals of WCW-5827Q. Flushed.
Rls pkr. POH. LD pkr. RIH w/rods. SDFN.

2-12-93 Load & test (tbg & pump). Turn over to production.

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

SIGNATURE [Signature] TITLE Production Assistant DATE 2-17-93

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

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

APPROVED BY _____ TITLE _____ DATE FEB 22 1993

CONDITIONS OF APPROVAL, IF ANY: