Soundt 3 Copies to Appropriate District Office

APPROVED BY-

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

- DATE -

District Office	Dikigj, Milikiais aid Mai	a resolution a specialistic		Revised 1-1-0>	
DISTRICT P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVAT		WELL API NO. 30-025-32195		
DISTRICT II 2.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mex	tico 87504-2088	5. Indicate Type of Le	****	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Le	STATE FEE X	
			· · · · · · · · · · · · · · · · · · ·		
(DO NOT USE THIS FORM FOR PRODIFFERENT RESERVED	CES AND REPORTS ON PPOSALS TO DRILL OR TO DEE RVOIR. USE "APPLICATION FOI 101) FOR SUCH PROPOSALS.]	EPEN OR PLUG BACK TO A R PERMIT"	7. Lease Name or Uni	it Agreement Name	
. Type of Well:			MATTIE JAMES		
WELL WELL X 2. Name of Operator	OTHER		8. Well No.		
MERIDIAN OIL INC.			# 4		
. Address of Operator			9. Pool name or Wild	cat	
P.O. Box 51810, Midland	, TX 79710-1810		JALMAT TANSIL	YTS 7RVRS PRO GAS	
4. Well Location Unit Letter A : 66	50' Earl Earn The NORTH	I ine and	660' Feet From Th	e EAST Line	
Unit Letter ::	rec riom the total	Line and	rearron in		
Section 10	Township 22S	Range 36E hether DF, RKB, RT, GR, etc.)	NMPM LEA	County	
	3562.7 GR	neiner Dr, KKD, KI, GK, eic.)			
11. Check	Appropriate Box to Indic	cate Nature of Notice, F	Report, or Other D	ata	
NOTICE OF IN			BSEQUENT RE		
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	☐ AL	TERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	COMMENCE DRILLING OPNS. DLUG AND ABANDONMENT		
PULL OR ALTER CASING		CASING TEST AND C	CASING TEST AND CEMENT JOB		
OTHER:		OTHER: SET PROD	OTHER: SET PRODUCTION CSG		
12. Describe Proposed or Completed Operwork) SEE RULE 1103.	ations (Clearly state all pertinent des	ails, and give pertinent dates, inci	uding estimated date of st	arting any proposed	
DRLD A 7 7/8" HOLE TO 3750 CENTRALIZERS. CMTED W/LE + 1/2% CF-2. WOC 13 DAYS	EAD: 670 SXS 'C' LITE +	5% SALT + 1/4 CELLO	-SEAL, TAIL: 350	JSED TWELVE SXS 'C' + 3 PPS KCL	
				•	
I hereby certify that the information above is tr	ue and complete to the best of my knowle		0.0741	0.405.404	
SIGNATURE		PRODUCTION AS	SISTANT	DATE 3/25/94	
TYPEORPRINT NAME DONNA WILLIA	MS			TELEPHONE NO. 915-688-694	
(This space for State Use)		ORIGINAL SIGNE	D BY JERRY SEXTO	APR 1 3 1994	

- TILE -