

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. 30-025-32396
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name CHECKERBOARD 23 FEDERAL
8. Well No. NO. 4
9. Pool name or Wildcat WEST RED TANK DELAWARE
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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. 51310, Midland, TX 79710-1810

4. Well Location
Unit Letter _____ : **690'** Feet From The **NORTH** Line and **1980'** Feet From The **WEST** Line

Section **23** Township **22S** Range **32E** 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: _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOE ☐
OTHER: **PLACED IN WRONG POOL** ☒

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.

UPON REVIEW OF PRORATION SCHEDULE, IT WAS DISCOVERED THAT THE ABOVE REFERENCED WELL WAS PLACED IN THE RED TANK BONE SPRING POOL. THIS WELL IS COMPLETED AND PRODUCING FROM THE WEST RED TANK DELAWARE FIELD. PLEASE FIND ATTACHED AN AMENDED C-104 REQUESTING THIS WELL BE PLACED IN APPROPRIATE POOL.

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

SIGNATURE Donna Williams TITLE **REGULATORY ASSISTANT** DATE **10/12/94**

TYPE OR PRINT NAME **DONNA WILLIAMS**

TELEPHONE NO. **915-688-6943**

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE **OCT 24 1994**

CONDITIONS OF APPROVAL, IF ANY: