

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.
30-025-33014

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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
~~Burlington Resources Oil & Gas Company~~ *Meridian Oil Inc*

3. Address of Operator
P.O. 51310, Midland, TX 79710-1810

7. Lease Name or Unit Agreement Name
Mule Deer '36' State

8. Well No.
No. 2

9. Pool name or Wildcat

4. Well Location
Unit Letter G: 1980' Feet From The North Line and 2310' Feet From The East Line

Section 36 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 JOB ☐
OTHER: Downhole Commingled ☒

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.

10/18/96: MIRU.
10/19/96: Drid out CIBP @ 8635'. Chased to 8936' (PBTD)
10/20/96: Landed tbq @ 8921'. TIH w/25' x 1 1/4" pump. Turned to production.

TD@ 9000'
Bone Spring perfs: 8837'-8878'
Delaware perfs: 8477'-8531'

DHC1361:
West Red Tank Delaware: 50% Oil/30% Gas
Red Tank Bone Spring: 50% Oil/70% Gas

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

SIGNATURE

TITLE Regulatory Assistant

DATE 10/28/96

TYPE OR PRINT NAME Donna Williams

TELEPHONE NO. 915-688-6943

(This space for State Use)

ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II

APPROVED BY

TITLE

DATE NOV 06 1996

CONDITIONS OF APPROVAL, IF ANY: