Submit 3 Copies to Appropriate

APPROVED BY_

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

| District Office | | | | | | |
|--|--|------------------|--|--|-------------------------|--------------|
| DISTRICT I P.O. Box 1980, Hobbs NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088 | | | | WELL API NO. 30-025-33014 | | |
| DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 | | | 5. Indicate Type | | | |
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 | | | | 6. State Oil & Ga | STATE X | FEE |
| 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.) | | | | | | |
| | | | | 7. Lease Name or Unit Agreement Name Mule Deer '36' State | | |
| 1. Type of Well: OIL GAS WELL X WEL | l OTHER | | | | | |
| 2. Name of Operator Meridian Oil Inc. | | | | 8. Well No. No. 2 | | |
| 3. Address of Operator P.O. 51310, Midland, TX 79710-1810 | | | | 9. Pool name or Wildcat Red Tank Bone Spring | | |
| 4. Well Location Unit Letter G : 1 | 980' Feet From The North | | Line and 2310' | Feet Fro | om The East | Line |
| Section 36 | Township 22S | Ran | | NMPM Lea | | County |
| | 10. Elevation (Show 3742' | | r DF, RKB, RT, GR, etc | | | |
| 11. Check | Appropriate Box to Ind | icate N | Nature of Notice, | Report, or | Other Data | |
| NOTICE O | F INTENTION TO: | | SUE | SEQUENT | REPORT O | F: |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | | REMEDIAL WORK | | ALTERING CASING | |
| TEMPORARILY ABANDON | CHANGE PLANS | | COMMENCE DRILLING | OPNS. | PLUG AND ABANDO | оммент [|
| PULL OR ALTER CASING | | | CASING TEST AND CEMENT JOB . | | | |
| OTHER: | | | OTHER: Casing jo | bs | | [X |
| work) SEE RULE 1103. | ed Operations (Clearly state all perting 17 1/2" hole to 860'. Ran | 21 its | : 13 3/8"_48# STC | H-40 csg and | d set @ | any proposed |
| 860'. Used four central | lizers. Cmted w/lead: 550 CaCl2 + .25 pps flocele. Cir | sxs 'C | " + 4% gel + 2% Ca | Cl2 + .25 pps | : flocele | |
| Used 16 centralizers. C | 675'. Ran 107 jts of 8 5/8 mted 2 Stages: Stage 1: ite + .25 pps flocele, tail w salt + .25 pps flocele, tail v | Lèad v /200 s | v/550 sxs 'C' Lite xs 'C' + 2% CaCl2. | + 9 pps salt Stage 2: Le | +5 pps ead | woc |
| centralizers. Cmted w/ | 00'. Ran 202 jts <u>5 1/2" 1</u> 7 740 sxs 'H' 50/50 Poz + .6 % Halad-9. DV tool @ 6495. | 60% Hai | lad-9 + 3 pps KCL | @ 9000'. Us + .25 pps flo | ed twenty cele, tail | |
| | | | | | | |
| | | | | | | |
| I hereby certify that the information about | ove is true and complete to the best of my l | knowledge | and belief. | | | - |
| SIGNATURE | <u> </u> | TITL | E Regulatory Assis | stant | DATE 10/2/ | 95 |
| TYPE OR PRINT NAME DONNA WI | lliams | | A STATE OF THE STA | | TELEPHONE NO. 915- | -688-6943 |
| | SIGNED BY 1878Y SEXTON | | | | net | 06 199 |
| Po1.212 | reserve to a | | | | 116.1 | |

TITLE

