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

DATE

District Office					
DISTRICT I P.O. Box 1980, Hobbs NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO. 30-025-3		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			5. Indicate Type	of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil & Ga	STATE X FEE STATE S Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS					
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BAG 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 WELL X WELL	OTHER			indic beer	
Name of Operator Meridian Oil Inc.				8. Well No. No. 5	
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 H : 1980	Feet From The North		Line and 990'	Feet Fro	m The East Line
Section 36	Township 22S	Rang	_{se} 32E	NMPM Lea	County
	10. Elevation (Show 3756'	whether	DF, RKB, RT, GR, et	c.)	
11. Check Ar	propriate Box to Indi	cate N	ature of Notice	Report, or	Other Data
•	NTENTION TO:				REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING OPNS. X PLUG AND ABANDONMENT		
PULL OR ALTER CASING			CASING TEST AND CEMENT JOB		
other:			OTHER: Spud & C		
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	erations (Clearly state all pertin	ient detail	ls, and give pertinent d	ates, including estin	ated date of starting any propose
1/14/96: Spud. Drld a 17 1 857'. Used four centralizer tail w/200 sxs 'C' + 2% CaC	s. Cmted w/lead: 550	sxs 'C	' + 4% gel + 2% C	aCl2 + .25 pps	set @ ; flocel
Drld a 12 1/4" hole to 4666' Used 13 centralizers. Cmte + 1 pps econolite + .25 pps 9 pps salt + .25 pps flocele WOC 15 hrs.	d 4 Slurrys: Lead w/50 flocele, tail w/250 sxs	00 sxs 'C' + 2	'C' + 9 pps sait 2% CaCl2. Lead v	+ 5 pps gilson v/500 sxs 'C'	ite Lite +
Drld a 7 7/8: hole to 9024 w/lead-300 sxs 'C' + 3% ecc + 3 pps KCL + .25 pps floce	onolite + .5pps flocele,	, tail (w/650 sxs 'H' 50/	′50 poz + .6% l	
I hereby certify that the information above is	true and complete to the best of my k	•	and belief. Regulatory Assi	istant	DATE 4/24/96
TYPE OR PRINT NAME DONNA Williams					TELEPHONE NO. 915-688-694
(This space for State Use)	SIGNED BY				AANA A
	FIELD REP. II				MAY 0 9 199

TITLE _

FIELD REP. II

Received Hopbs OCD