Submit 3 Copies to Appropriate District Office

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		WELL API NO.	
DISTRICT II	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		30-025-08716	
P.O. Drawer DD, Ariesia, NM 88210			5. Indicate Type of Lease	FEE O
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	100,5
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  Coleman	
1. Type of Well: OIL WELL GAS WELL WELL	OTHER		Coleman	
Name of Operator     Meridian Oil Inc.			8. Well No. # 1	
3. Address of Operator P.O. 51310, Midland, TX 79710-1810			9. Pool name or Wildcat Eumont Yts SR Qn	
4. Well Location Unit Letter : 2310	Feet From The South	Line and 2310'	Feet From The East	Line
Section 17	Township 21S	Range 36E	<sub>NMPM</sub> Lea	County
		her DF, RKB, RT, GR, etc		
11. Check Ar	//////\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Notes of Notes		<u>([[]]]]]]]]]]]</u>
	opropriate Box to Indicate NTENTION TO:	1	SEQUENT REPOR	
	TILITION TO.	302	SEQUENT REPUR	. i OF: 
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING C	:ASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. 🔲 PLUG AND A	ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND CE	MENT JOB	
OTHER:		OTHER: Clean out		X
<ul> <li>12. Describe Proposed or Completed Opwork) SEE RULE 1103.</li> <li>3/12/96: MIRU. NU BOP 3/13/96: TIH w/bit and scr 5000 psi. Set RBP @ 3184'. 3/14/96: Acidize w/3400 g 3/15-20/96: Continued try No fluid.</li> </ul>	aper to 3522'. Clean out fil Load hole w/2% KCl. Is 65% Q CO2-methanol acid ing to kick well off.	from 3542'-3592'.		arting any proposed
3/31/96: Test data: 48 m	ਸ, 0 oil and water			
I hereby certify that the information above is	rue and complete to the best of my knowled	ge and belief.		
SIGNATURE (	т	TLE Regulatory Comp	bliance DATE 4	/1/96
TYPE OR PRINT NAME Donna William	<u>s</u>		TELEPHONE NO.	915-688-6943
(This space for State Use)	ED AV JEWRY SEXTON			31 <b>9</b> 6 21 8 4
APPROVED BY	TERUTERVISOR - tr	TLE	DATE	A 1 0 1885