

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.
30-025-31336

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-1398

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 DRY HOLE

2. Name of Operator
MERIDIAN OIL INC.

3. Address of Operator
P.O. Box 51810, Midland, TX 79710-1810

4. Well Location

Unit Letter L : 3500 Feet From The NORTH Line and 690 Feet From The WEST Line

Section 6 Township 21-S Range 36-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3553.2'

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: ☐

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.

8-8-91 SPUDDED 12-1/4" HOLE. DRL'D TO 428'. RAN 11 JTS 8-5/8" 28# K-55 BTC CSG SET @ 428'. CMT'D W/ 350 SXS C CMT, 2% CACL, 0.25 PPS FLOCELE, 5 PPS GILSONITE. CIRC'D 102 SXS CMT TO SURFACE. USED 4 CENTRALIZERS. WOC 18 HRS. TESTED BOP & CSG TO 1500 PSI FOR 30 MIN'S, O.K.

8-14-91 DRL'D 7-7/8" HOLE TO 3800' TD. RAN 87 JTS 4-1/2" 11.6# K-55 LTC CSG SET @ 3800'.

8-15-91 CMT'D 4-1/2" CSG W/885 SXS HOWCO LITE, 9 PPS SALT, 1/4 PPS FLOCELE, TAILED W/610 SXS PREMIUM PLUS CMT, 3 PPS SALT, 0.4% HALAD-344, 0.4% CRF-3. CIRC'D 354 SXS CMT TO SURF. WOC 10 DAYS. USED 12 CENTRALIZERS. BUMPED PLUG W/1500 PSI FOR 30 MINUTES. O.K.

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

SIGNATURE Maria L. Perez TITLE PRODUCTION ASST. DATE 3-30-92

TYPE OR PRINT NAME MARIA L. PEREZ TELEPHONE NO. 915-688-6906

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APR 11 1992