

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. 30-025-31684
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1481
7. Lease Name or Unit Agreement Name SHELL STATE COM. D
8. Well No. 13
9. Pool name or Wildcat EUMONT YATES-7RVRS-QN-PRO GAS
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3569' GR

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
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 : 1780 Feet From The SOUTH Line and 760 Feet From The WEST Line Section 36 Township 21-SOUTH Range 36-EAST NMPM LEA County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3569' GR

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: SET PRODUCTION CSG. ☐

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.

12-31-92 DRILLED 7-7/8" HOLE TO 3600'. RAN 4-1/2" 11.6# K-55 LTC CSG SET @ 3600'.
CMT'D W/600 SXS C LITE + 9 PPS SALT + 0.25 PPS FLOCELE, TAILED W/330 SXS C + 3 PPS KCL +
0.5% HALAD 9. CIRC 156 SXS CMT TO SURF. USED 12 CENTRALIZERS. WOC 3 DAYS. BUMP PLUG
1000 PSI FOR 30 MINS, 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 1-21-92
TYPE OR PRINT NAME MARIA L. PEREZ TELEPHONE NO. 915-688-6906

(This space for State Use)

ORIGINAL MAILED 1-21-92

JAN 26 1993

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: