

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 ☒ FEE ☐

6. State Oil & Gas Lease No.  
B-1481

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

SHELL STATE COM. D

1. Type of Well:  
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator  
MERIDIAN OIL INC.

8. Well No.  
13

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

9. Pool name or Wildcat  
EUMONT YATES-7RVRS-QN-PRO GAS

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: SPUD AND SET SURF 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.

12-26-92 SPUD WELL @ 9:45 AM. DRILLED 12-1/4" HOLE TO 450'. RAN 8-5/8" 32# K-55 LTC CSG SET @ 450'.  
CMT'D W/325 SXS 2% CACL2 + 0.25% PPS FLOCELE. CIRC'D 51 SXS CMT TO SURF. USED 4 CENTRALIZERS. WOC  
22 HRS. BUMPED PLUG TO 1500 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)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

JAN 26 1993