

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.

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

B. A. CHRISTMAS

8. Well No.

1

9. Pool name or Wildcat

JALMAT-TANSILL-YATES-7 RVRS

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

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 : 330 Feet From The WEST Line and 1650 Feet From The SOUTH Line

Section 28

Township 22-S

Range 36-E

NMPM LEA

County

10. Elevation (Show whether DP, RKB, RT, GR, etc.)

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.

SWAB TEST THE WELL AND EVALUATE THE POTENTIAL FOR RETURNING THIS WELL TO PRODUCTION.

WE PROPOSE TO TEST THE OIL PRODUCTION BY SWAB TESTING THE WELL. A SUCCESSFUL TEST WOULD RESULT IN INSTALLING PUMPING AND PRODUCTION EQUIPMENT.

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 4-16-92

TYPE OR PRINT NAME MARIA L. PEREZ

TELEPHONE NO. 915-688-6906

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APR 22 '92

RECEIVED

APR 2 1992

CD HOBBS OFFICE