

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.

30-025-09209

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B-1167

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 K : 1980 Feet From The South Line and 1980 Feet From The West Line

Section 2

Township 23 S

Range 36 E

NMPM Lea

County

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

3459' GR

7. Lease Name or Unit Agreement Name

Shell State

8. Well No.

4

9. Pool name or Wildcat

Jalmat-Tansill (Yates-7 Rivers)

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.

Check for fill. If fill, RIH w/ bit and clean out. RIH w/ 2 3/8" prod tbg to 3426'. RIH w/ 2" x 1 1/4" x 12' pump & rods. Set 2 3/8" tbg sn @ 3379'. Turn to Production.

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

SIGNATURE

Roxann Scholz

TITLE

Production Asst

DATE

04/01/92

TYPE OR PRINT NAME

Roxann Scholz

TELEPHONE NO. (915)688-6943

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: