

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 <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1167
7. Lease Name or Unit Agreement Name Shell State
8. Well No. 4
9. Pool name or Wildcat Jalmat-Tansill (Yates-7 Rivers)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3459' 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 ☐ 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

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.

Install pump, run tbg and put on production.

9/2/7/91 Killed well. TIH w/ bit, cleaned out to 3470'.

9/28/91 Washed to 3490', circ hole clean. TIH w/ 2 3/8" tbg, sn @ 3426', 2" x 1 1/4" x 12' pump, pulled up and set 2 3/8" sn @ 3379'.

9/2/8/91 Turn well 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: