

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
8000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-0937300

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.
B-1167

7. Lease Name or Unit Agreement Name

SHELL STATE

8. Well No.

3

9. Pool name or Wildcat

JALMAT (TANSILL, YTS, 7RVRS)

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 P : 660' Feet From The SOUTH Line and 660' Feet From The EAST Line

Section 22

Township 23-S

Range 36-E

NMPM LEA

County

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

3372.6 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: REMOVE SCALE BUILD UP ☒

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.

1. MIRU ACID STIMULATION COMPANY
2. PUMP 3900 GALLONS OF 7 1/2% NEFe HCl DOWN TUBING CASING ANNULUS. RD ACID STIMULATION COMPANY. MONITOR TUBING AND CASING PRESSURE. LET STAND FOR 2 HOURS.
3. RU SWABBING UNIT. BEGIN SWABBING UP TUBING WILE MONITORING CASING PRESSURE. IF UNABLE TO SWAB FLUID OFF BACKSIDE, CONTACT MIDLAND.
4. CONTINUE TO SWAB UNTIL WELL IS UNLOADED. RD SWABBING UNIT. RETURN WELL TO PRODUCTION.

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

SIGNATURE

TITLE

PRODUCTION ASSISTANT

DATE 6/16/93

TYPE OR PRINT NAME DONNA J. WILLIAMS

TELEPHONE NO. 915-688-6943

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUN 21 1993

RECEIVED

JUN 18 1993

GOV HOBBS
OFFICE