

DISTRICT I
P.O. Box 1980, Hobbs, NM 88241-1980

DISTRICT II
P.O. Drawer DD, Artesia, NM 88211-0719

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-135
Adopted 4-1-91

SEE FILING INSTRUCTIONS
BOTTOM OF PAGE

GAS WELL CONNECTION, RECONNECTION, OR DISCONNECTION NOTICE

This is to notify the Oil Conservation Division of the following:

Connection _____ First Delivery _____
Date Initial Potential

Reconnection _____ First Delivery _____
Date Initial Potential

Disconnection X 3-24-93
Date

for delivery of gas from the Meridian OIL INC.
Operator

Crosby Ruby
Lease

60-951 1 C 18-225-37E
Meter Code Site Code Well No. Unit Letter S-T-R

Eumont, Yates, SR, Qn
Pool

was made on 4-19-93
Date

AOF

Choke

OCD use only

County Lea

Land Type Pat

Liq. Transporter SOP

Sid Richardson Gasoline Co.
Transporter

Xavier Davila
Signature of Transporter Representative

Xavier Davila
Printed Name and Title

P.O. Box 1226, JAL NM, 88252
Address and Telephone Number

FILING INSTRUCTIONS:

Each transporter of gas from a prorated gas well shall submit this form in duplicate to the appropriate district office of the Division within 30 days following the connection, reconnection, or disconnection of a well from their gathering/transportation system, in accordance with Rule 1104, Rule 1135, and R-8170 as amended.

Form 316C-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse
side)

BLM Roswell District
Modified Form No.
NM060-3160-4

5. LEASE DESIGNATION AND SERIAL NO.
LC-034548

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-" for such proposals.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL ☐ GAS WELL ☒ OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
MERIDIAN OIL INC.

8. FARM OR LEASE NAME
RUBY CROSBY

3. ADDRESS OF OPERATOR
P.O. Box 51810, Midland, TX 79710-1810

3a. AREA CODE & PHONE NO.
915-688-6943

9. WELL NO.
1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660' FNL & 1650' FWL

10. FIELD AND POOL, OR WILDCAT
EUMNOT/YATES/7R/QUEEN

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SEC. 18, T-22-S, R-37-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3449'DF

12. COUNTY OR PARISH
LEA

13. STATE
NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) **ACIDIZE BACKSIDE**

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

CHANGE OUT PUMP PRIOR TO ACID JOB.

**PUMP 1000 GAL OF 10% PENTOL 200 DOWN ANNULUS W/ TBG SHUT-IN. ALLOW ACID TO SOAK
4-6 HOURS.**

START WELL PUMPING.

18. I hereby certify that the foregoing is true and correct

SIGNED *Torrey Schaefer*

TITLE PRODUCTION ASST.

DATE 06/18/92

(This space for Federal or State office use)

APPROVED BY *T*

TITLE _____

DATE 6-23-92

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**