Submit 3 Copies to Appropriate

State of New Mexico

Form C-103 Energy, Minerals and Natural Resources Department **Revised 1-1-89** District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs NM 88240 P.O. Box 2088 30-025-31929 DISTRICT II Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease P.O. Drawer DD, Artesia, NM 88210 STATE X FEE DISTRICT III 6. State Oil & Gas Lease No. 1000 Rio Brazos Rd., Aztec, NM 87410 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Triste Draw '36' State 1. Type of Well: OIL WELL [X] WELL [OTHER 2. Name of Operator 8. Well No. Meridian Oil Inc. No. 1 Address of Operator 9. Pool name or Wildcat P.O. 51310, Midland, TX 79710-1810 Triste Draw Delaware Well Location Line and 510' 1980' Feet From The West North Unit Letter Feet From The Line Section 36 Range 32E Township 23S NMPM Lea County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON** CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB Confirmation of Information Requested 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. As per confirmation of surface cmt job: Cmted w/700 sxs Premium plus + 2% Cacl2 + 1/4 pps Flocele. Slurry pmped was 924 cu. ft (volume) & 2238 'ft (height). Cmt was circulated to (Requested by Karend surface. After the well was converted to injection, the tbg was landed at 5248' and the packer @ 5248'. (Requested by Bonnie)

I hereby certify that the information above is true and complete to the best of my knowledge and	belief.
SIGNATURE TITLE	Regulatory Compliance DATE 11/20/95
TYPE OR PRINT NAME Donna Williams	TELEPHONE NO. 915-688-6943

TITLE

TELEPHONE NO. 915-688-6943

(This space for State Use) ORIGINAL GONED BY JORRY SEXTON \$200 miles / 10 miles 3000

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY