Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office DISTRICT P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 1000 Rio Brazos Rd., Aztec, NM 87410

Type of Well:

2. Name of Operator

3. Address of Operator

4. Well Location

11.

Meridian Oil Inc.

Unit Letter .

PERFORM REMEDIAL WORK

Section

WELL

36

WELL

OIL CONSERVATION DIVISION

WELL API NO. P.O. Box 2088 30-025-31929 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease STATEXX FEE 6. State Oil & Gas Lease No. 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 Disposal OTHER 8. Well No. No. 1 9. Pool name or Wildcat SwD! P.O. Box 51810 Midland, Texas 79710-1810 Iriste Draw Delaware : ___1980 ' Feet From The North 510' Feet From The Line and Line 235 32E Lea Township Range **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

SUBSEQUENT REPORT OF:

ALTERING CASING

- DATE

TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB Convert to Disposal OTHER: OTHER:

REMEDIAL WORK

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.

10/10/95: MIRU. Dmped 4 sxs cmt on CIBP @ 7337'

NOTICE OF INTENTION TO:

10/11/95: Perf'd5286' - 6294' (4 jspf). Prep to acidize

10/12/95: A w/10,000 gls of 15% NEFE HCl. Circ hole clean

PLUG AND ABANDON

10/14/95: Set Baker Lok-Set pkr @ 5248'. RIH w/2 3/8" tbg and set @ 5224'. Pressure test pkr to 500#

Good test. See attached chart.

CURRENT OPERATIONS ARE WELL SHUT IN PENDING DISPOSAL PERMIT BEING ISSUED FROM SANTA FE.

SWD - 608 I hereby certify that the information above is true and complete to the best of my knowledge and belief. TILE Regulatory Compliance 10/31/95 SIGNATURE -915-Donna Williams TELEPHONE NO. 688-6943 TYPE OR PRINT NAME (This space for State Use) MOTAL Contract the Contract of the C

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY