

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

WELL API NO. 30-025-31929
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Triste Draw '36' State
8. Well No. No. 1
9. Pool name or Wildcat Triste Draw Delaware

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator Meridian Oil Inc.	
3. Address of Operator P.O. 51310, Midland, TX 79710-1810	
4. Well Location Unit Letter E : 1980' Feet From The North Line and 510' Feet From The West Line Section 36 Township 23S Range 32E 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: **Convert to Disposal** ☒

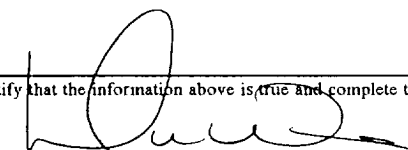
SUBSEQUENT REPORT OF:

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.

Please find attached, the recommended procedures to convert the well to a disposal well. All necessary permit applications have been filed.

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

SIGNATURE  TITLE **Regulatory Compliance** DATE **10/9/95**
TYPE OR PRINT NAME **Donna Williams** TELEPHONE NO. **915-688-6943**

(This space for State Use)

ORIGINAL SIGNED BY **HARRY SEXTON**
DISTRICT EVALUATOR

ORIGINAL SIGNED BY **HARRY SEXTON**
DATE **10/9/95**

OCT 19 1995

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

