

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

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

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.  
30-025-31929

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.  
V-3925

**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.)

7. Lease Name or Unit Agreement Name  
TRISTE DRAW "36" STATE

1. Type of Well:  
OIL WELL  GAS WELL  OTHER

8. Well No.  
1

2. Name of Operator  
MERIDIAN OIL INC.

9. Pool name or Wildcat  
TRISTE DRAW DELAWARE

3. Address of Operator  
P.O. Box 51810, 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.)  
3682 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

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.

MERIDIAN OIL INC. RESPECTFULLY REQUESTS ~~TA~~ STATUS PENDING FURTHER EVALUATION.  
*SI*

I hereby certify that the information above is true and complete to the best of my knowledge and belief.  
SIGNATURE [Signature] TITLE PRODUCTION ASSISTANT DATE 9/3/93  
TYPE OR PRINT NAME DONNA WILLIAMS TELEPHONE NO. 915 688-6943

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE SEP 07 1993  
CONDITIONS OF APPROVAL, IF ANY:

**RECEIVED**

**SEP 07 1993**

**UDU HUBBS  
OFFICE**