

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

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

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

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

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 ☐

2. Name of Operator
MERIDIAN OIL INC.

8. Well No.
1

3. Address of Operator
P.O. Box 51810, Midland, TX 79710-1810

9. Pool name or Wildcat
TRISTE DRAW DELAWARE

4. Well Location
Unit Letter E : 1980 Feet From The N Line and 510 Feet From The W 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: SET PRODUCTION CASING ☒

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.

DRILLED A 7 7/8" HOLE TO 9150'. RAN 113 JTS 5 1/2" 17# K-55 CASING. SET AT 9150'. USED fifteen (15) CENTRALIZERS. CEMENTED W/560 SXS "C" PLUS 8 PPS SILOCOLITE, 2 PPS KCL, .5% ALLAH 344. CIRC DV TOOL. CEMENTED W/700 SXS " " LITE, 3% ALLID 9, 1/4PPS FLOCCELLE. TAIL W/200 SXS "C" LITE, AND 100 SXS NEAT SLURRY. BUMPED PLUG TO 1000 PSI FOR 30 MINUTES. OKAY. WOC 72 HOURS.

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

SIGNATURE Donna Williams 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

CONTRACTS
OFFICE