Submit 3 Copies to Appropriate

State of New Mexico

Form C-103 Revised 1-1-89

______ AND 1.4 1995

Energy, Minerals and Natural Resources Department

District Office			•		Revised	1-1-07
DISTRICT I P.O. Box 1980, Hobbs NM 88240	OIL CO	ONSERVATION P.O. Box 2	ON DIVISION	WELL API NO.	0.500	
DISTRICT II P.O. Drawer DD, Artesia, NM 88	S S	anta Fe, New Mexic		30-025-32583 5. Indicate Type of Lease		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM				6. State Oil & G	STATE X	FEE
		REPORTS ON WEL	1.0	V/////////////////////////////////////		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(DO NOT USE THIS FORM FOR DIFFERENT I	R PROPOSALS TO D RESERVOIR. USE "/	PRILL OR TO DEEPEN APPLICATION FOR PE SUCH PROPOSALS.)	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name		
1. Type of Well: OIL WELL WELL GA	S ELL [X]	OTHER		H.T. Matte	ern	
2. Name of Operator Meridian Oil Inc.	<u> </u>			8. Well No. # 3		
3. Address of Operator P.O. 51310, Midland,	TX 79710-1810	0		9. Pool name or Eumont G		
4. Well Location Unit Letter K	1930' Feet From	m The South	Line and 2188'	Feet Fro	m The West	Line
Section 7	Townshi	p 22 S	Range 37E	_{NMPM} Lea		County
	10	Elevation (Show when 3431'	ther DF, RKB, RT, GR, et	c.)		
PERFORM REMEDIAL WORK FEMPORARILY ABANDON PULL OR ALTER CASING DTHER: 12. Describe Proposed or Comple	CHANG	AND ABANDON GE PLANS	REMEDIAL WORK COMMENCE DRILLING CASING TEST AND CE OTHER:	EMENT JOB X	ALTERING CASING	ONMENT X
work) SEE RULE 1103. 5/29/95: Spud. Drld a 435'. Used four centra Circ 60 sxs to pit. WOX Drld a 7 7/8" hole to 36 twelve centralizers. Crcelloseal, tail w/675 sx days.	a 12 1/4" hole talizers. Cmted of 18.25 hrs. 650'. Ran 84 jt. nted w/Lead: s Class 'C' + 3	to 435'. Ran 15 jw/350 sxs Class s <u>4 1/2"</u> 11.6# K 420 sxs Class 'C pps KCL + .5% Cl	its <u>8 5/8"</u> 24# K-55 'C' + 2% CaCl2 + .2 -55 LTC csg and se ' Lite + 6% gel + 5% F-14. Circ 150 sxs	STC csg and 5 pps of cellos	set @ seal.	
I hereby certify that the information at	ove is true and complete	·	lge and belief. TILE Regulatory Assis	stant	DATE 8/1/9	5
TYPE OR PRINT NAME DONNA W	illiams	1.	The Hogolatory Addition			
(This space for State Use)		arani			TELEPHONE NO. 915-	
1,12						

TITLE

APPROVED BY_ CONDITIONS OF APPROVAL, IF ANY: