Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-8

District Office	Energy, witherars and Na	aturai i	Resources Department		Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088			WELL API NO	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088		5. Indicate Typ	e of Leave	
DISTRICT III				J. moreate Typ	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil & 0	Gas Lease No.
SUNDRY NOTION (DO NOT USE THIS FORM FOR PROF	CES AND REPORTS ON	WELL	S B PI LIG BACK TO A		
DIFFERENT RESER	VOIR. USE "APPLICATION FOR SUCH PROPOSAL	OR PER	MIT"	7. Lease Name	or Unit Agreement Name
1. Type of Well:	TO THE TOTAL SERVICE S			Darius 'A	DS' Federal
OIL WELL SAS WELL	OTHER				
Name of Operator Meridian Oil Inc.				8. Well No. # 1	
3. Address of Operator P.O. 51310, Midland, TX 7	9710-1810			9. Pool name o	r Wildcat
4. Well Location	Noveh		00102	<u> </u>	
Unit Letter 1 : 990'	Feet From The North	_ ·	Line and 2310'	Feet Fr	om The East Lin
Section 30	Township 23S	Ra	inge 32E	имрм Lea	County
	10. Elevation (Show 3638'	v whethe	er DF, RKB, RT, GR, etc	2.)	
11. Check Ap	propriate Box to Ind	icate	Nature of Notice,	Report, or	Other Data
NOTICE OF IN	ITENTION TO:		1		T REPORT OF:
ERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING
EMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILLING	OPNS.	PLUG AND ABANDONMENT
ULL OR ALTER CASING			CASING TEST AND CE		, Edd , MD , MD MADONIVICIA
THER: Change of Operator/Ne	w Drill	X	OTHER:		
12. Describe Proposed or Completed Operwork) SFF RIU F 1103	rations (Clearly state all portin	ent dote			
work) SEE RULE 1103.	desiry state an perm	ient ucta	ins, and give periment dat	es, including estif	nated date of starting any propose
The above referenced propo	sed well is presently b	eing d	rilled. The original	APD was sub	omitted
by Yates Petroleum. Meridia respectfully requesting the A	N UNINC. IS NOW THE ON	orato:	t of the proposed w	vell. We are	
			i de mario	in acceptation of a	26455
					15747
					53563
			EFF /	ATE 3	125/16
			APINO	3 31 .	8 24 35 XI X
					<u>- 27-077</u> (2
I hereby certify that the information shove is tru	ie and complete to the best of my kr	nowledge	and belief.		
SIGNATURE C		ŤITLI	E Regulatory Compl	iance	DATE 3/21/96
TYPE OR PRINT NAME DONNA Williams		-			
(This space for State Use)				=	TELEPHONE NO. 915-688-694;
Or	ig. Signed by: 'aut Kautz				MAD OF Joon
APPROVED BY	Geologist	TITLE	E		MAR 2 5 1995
CONDITIONS OF APPROVAL, IF ANY:		_			DATE

