

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.
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 140600
7. Lease Name or Unit Agreement Name Cooper G
8. Well No. 1
9. Pool name or Wildcat Jalmat (Tansill Yates 7 River)

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator Meridian Oil Inc.	
3. Address of Operator 21 Desta Dr., Midland, TX 79705	
4. Well Location Unit Letter <u>K</u> : <u>1320</u> Feet From The <u>South</u> Line and <u>1320</u> Feet From The <u>West</u> Line Section <u>11</u> Township <u>24S</u> Range <u>36E</u> 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:		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 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: <u>Add Perfs & Stimulate</u> <input checked="" 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.

Add additional perforations and stimulate for production.
The procedure is attached.

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

SIGNATURE Robert L. Bradshaw TITLE Sr. Staff Env/Reg Specialist DATE 23 January 1991

TYPE OR PRINT NAME Robert L. Bradshaw

TELEPHONE NO. 915-686-5600

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE Jan 24 1991

CONDITIONS OF APPROVAL, IF ANY: