Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-103
Revised 1-1-89

WELL API NO. 30-025-28638 25631

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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: S.R. COOPER

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, TEXAS 79710-1810

9. Pool name or Wildcat: Jalmat-Tansill-Yates-7Rvs

4. Well Location
Unit Letter H : 2310 Feet From The North Line and 990 Feet From The East Line
Section 23 Township 24-S Range 36-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3346' GR

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☒
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER:	☐		

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.

2/10/93 - MIRU. NU BOP. RIH W/BIT & CSG SCRAPER TO 2734'. TOH. SET CMT RETAINER @ 2677. SPOT 30 SXS CMT ON TOP OF RETAINER. POH. WOC.

2/11/93 - RIH W/TBG. TAGGED PLUG @ 2587. POH TO 1490. SET 25 SXS. POH TO 355. SET 25 SXS PLUG. SET 10 SXS PLUG AT SURFACE. CUT OFF WELLHEAD. INSTALL DRY HOLE MARKER

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 2/12/93

TYPE OR PRINT NAME DONNA WILLIAMS TELEPHONE NO. 688-6943

(This space for State Use)

APPROVED BY [signature] TITLE OIL & GAS INSPECTOR DATE AUG 25 1993

CONDITIONS OF APPROVAL, IF ANY:

C Cni

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