

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO.
1. Type of Well: - OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. Indicate Type of Lease <u>Fed</u> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Meridian Oil Inc.		6. State Oil & Gas Lease No. LC-030176A
3. Address of Operator P.O. Box 51810, Midland, TX 79710-1810		7. Lease Name or Unit Agreement Name Cagle B
4. Well Location Unit Letter <u>L</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>15</u> Township <u>26S</u> Range <u>37E</u> NMPM Lea County		8. Well No. 1
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 2996' GR		9. Pool name or Wildcat Rhodes Yates 7-Rivers Gas

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: ☐

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.

See Attachment.

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

SIGNATURE: Connie Malik TITLE: Reg. Analyst DATE: 5/28/91

TYPE OR PRINT NAME: Connie Malik

TELEPHONE NO. 915-686-5681

(This space for State Use)

APPROVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: JUN 10 1991

CONDITIONS OF APPROVAL, IF ANY: