

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

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-025-25233

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.
3

3. Address of Operator
P.O. 51310, Midland, TX 79710-1810

9. Pool name or Wildcat
Jalmat

4. Well Location
Unit Letter **J** : **2310'** Feet From The **South** Line and **2310'** Feet From The **East** Line
Section **23** Township **24S** Range **36E** 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:

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: **Abandon one zone and recomplete 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.

4/13/95: MIRU.
4/15/95: RIH w/CIBP and set @ 2980'. Perf'd 2860'-2952'. A w/900 gls 7.5% NEFE HCl. Swab.
4/18/95: TIH and set RBP @ 2835'. Perf'd 2759'-2780'. A w/1000 gls 15% HCl. Swab.
4/19/95: TIH. Retrieve RBP @ 2840'. Circ. 2% KCL water. TIH w/3.5" tbg and set @ 2720'.
Set SST and RBP (Pkr type) @ 2720'. Turned well over to production.

See attached C-122 and curve.

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

SIGNATURE  TITLE **Regulatory Compliance** DATE **7/5/95**

TYPE OR PRINT NAME **Donna Williams** TELEPHONE NO. **915-688-6943**

(This space for State Use)

Original Signed by
Donna Williams
7/5/95

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUL 06 1985
UCD HOBBS
OFFICE