

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.

30-025-28638

5. Indicate Type of Lease

STATE ☐FEE ☒

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

COOPER "B"

8. Well No.

5

9. Pool name or Wildcat

JALMAT TANSILL-YATES-SEVEN 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

GAS

WELL

☐

OTHER

2. Name of Operator

MERIDIAN OIL INC.

3. Address of Operator

P.O. Box 51810, Midland, TX 79710-1810

4. Well Location

Unit Letter C : 2310 Feet From The WEST Line and 990 Feet From The NORTH Line

Section 14

Township 24S

Range 36E

NMPM LEA

County

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

3344.7' GR

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.

NOTIFY NEW MEXICO OCD PRIOR TO STARTING WORK. CASING SCRAPER TO  $\pm 3270'$ , SET CIBP AT  $\pm 3240'$ , CAP CIBP WITH 45 SXS CLASS C CEMENT WITH 2% CACL2.

CUT 5 1/2" CASING AT  $\pm 2000'$ , RIH WITH TUBING OPEN ENDED TO  $\pm 2060'$  AND SET A CEMENT PLUG ACROSS CASING STUB AT 1940' TO 2060', USE 25 SXS OF CLASS C CEMENT WITH 2% CACL2 ADDED.

PULL UP TO 1310' AND SET A CEMENT PLUG ACROSS THE TOP OF THE SALT AT 1190' TO 1310' USING 35 SXS OF CEMENT. PULL UP ABOVE PLUG AND SPOT 9 PPG GIELLED BRINE UP TO 625', PULL UP TO 625' AND SET CEMENT PLUG ACROSS CASING SHOE AT 520' TO 625' USING 30 SXS OF CEMENT. PULL UP ABOVE PLUG AND CIRCULATE 9 PPG GIELLED BRINE TO SURFACE. PULL UP TO 50' AND SET SURFACE PLUG AT 0' TO 50' USING 15 SXS OF CEMENT.

CUT OFF CASING 3' BELOW GROUND LEVEL AND INSTALL P&A MONUMENT. CLEAR, RIP, AND RESEED LOCATION.

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

SIGNATURE

Maria L. Perez

TITLE PRODUCTION ASST.

DATE 10-13-92

TYPE OR PRINT NAME MARIA L. PEREZ

TELEPHONE NO. 915-688-6906

(This space for State Use)

ORIGINAL SIGNED BY RAY SMITH

APPROVED BY

TITLE

DATE

OCT 21 1992

CONDITIONS OF APPROVAL, IF ANY:

COOPERB

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator MERIDIAN OIL INC. Well API No. 70-025-2863800  
Address P. O. BOX 51810, MIDLAND, TX 79710-1810  
Reason(s) for Filing (Check proper box) ☒ Other (Please explain)  
New Well ☐ Change in Transporter of: ☐ To correct Gas Gatherer from El Paso Natural  
Recompletion ☐ Oil ☐ Dry Gas ☐ Gas Co. to Sid Richardson Carbon & Gasoline  
Change in Operator ☐ Casinghead Gas ☐ Condensate ☐ Company.  
If change of operator give name and address of previous operator \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Cooper B Well No. 5 Pool Name, including Formation Jalmat Tans: 11/77-R Kind of Lease ☒ State, Federal or Fee NMS-533  
Location  
Unit Letter C : 2310 Feet From The W Line and 990 Feet From The N Line  
Section 14 Township 24-S Range 36-E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
Schlumberger Perminian  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)  
Sid Richardson Carbon & Gasoline Co. 201 Main Street, Ft. Worth, TX 76102  
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rgs. Is gas actually connected? When?  
yes 6-20-85

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Connie L. Malik  
Signature  
Connie L. Malik, Regulatory Compliance Rep.  
Printed Name  
1/22/92 915-688-6891  
Date Telephone No.

OIL CONSERVATION DIVISION

FEB 03 '92

Date Approved \_\_\_\_\_  
By ORIGINAL SIGNED BY \_\_\_\_\_  
Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.