Form C-103 **Revised 1-1-89**

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County

State of New Mexico Submit 3 Copies Energy, Minerals and Natural Resources Department to Appropriate District Office OIL CONSERVATION DIVISION DISTRICT I WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 30-025-32192 DISTRICT II Santa Fe. New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease STATE DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. NM 55953 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) JACK TANK "8" FEDERAL 1. Type of Well: WELL X WELL OTHER 2. Name of Operator 8. Well No. MERIDIAN OIL INC. NO. 2 Address of Operator 9. Pool name or Wildcat P.O. Box 51810, Midland, TX 79710-1810 WILDCAT 4. Well Location Unit Letter E : 2180 Feet From The NORTH 660 Feet From The WEST Line and NMPM LEA Township 24S Range 32E Section 8 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3594 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. 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**

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.

X

OTHER:

OTHER: AMENDED ACREAGE ASSIGNMENT

THE NUMBER OF ACRES ASSIGNED TO THIS WELL SHOULD BE 320 NOT 40 AS PREVIOUSLY SUBMITTED ON THE 3160-3. THIS HAD BEEN CORRECTED WITH THE BLM BUT APPARANTLY THEY HAD NOT NOTIFIED THE OCD. DUE TO THIS CHANGE. THIS SHOULD TAKE CARE OF THE NOTE FOR NEEDING A NON STANDARD PRORATION UNIT ORDER AS STATED ON YOUR ASSIGNMENT OF THE API NUMBER DATED AUGUST 18, 1993.

CONDITIONS OF APPROVAL, IF ANY	:			
APTROVEL BY	DISTRICT I SUPERVISOR	TITLE	AUG 2 6 1993	
(This space for State Use)	RIGINAL SIGNED BY JERRY SEXTON		AUC Q 6 4000	
TYPEOR PRINT NAME DONNA WILLIAMS			<u>ТЕГЕРНОМЕ NO.</u> 915-688-6943	
SIGNATURE	- Jilua	TITLE PRODUCTION ASSISTANT	DATE 8/24/93	
I hereby certify that the information	above is true and complete to the best of my knowledge	and belief.		