Submit 3 Copies

State of New Mexico

Form C-103

to Appropriate District Office	Energy, Minerals and Natur	al Resources Department		Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210			5. Indicate Typ	e of I ease
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				STATE FEE
	,		6. State Oil & 0	Jas 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	
1. Type of Well: OIL GAS WELL WELL X			Rhodes '	B' Federal
Name of Operator Meridian Oil Inc.			8. Well No. # 4	
3. Address of Operator P.O. 51310, Midland, TX 79710-1810			9. Pool name or Wildcat Rhodes Yates SR	
4. Well Location Unit Letter 2418'	Feet From The South	Line and 553'	Feet Fr	om The East Line
Section 27	Township 26S	Range 37E	имри Lea	County
	10. Elevation (Show who 2980'	ether DF, RKB, RT, GR, etc	.)	
11. Check Ap	propriate Box to Indica	te 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 CE	MENT JOB	
OTHER:		OTHER:		
Describe Proposed or Completed Oper work) SEE RULE 1103.	rations (Clearly state all pertinent	letails, and give pertinent dat	es, including estin	nated date of starting any proposed
WOLK) SEE ROLE 1103.				
Please find attached information in regards to the attempted C-122 and the current situation regarding the low volume and well head pressure.				
I hereby certify that the information above is tru	e and complete to the best of my knowled	dge and belief.		
SIGNATURE	T	TILE Regulatory Compli	ance	DATE 4/23/96
TYPE OR PRINT NAME Donna Williams				TELEPHONE NO. 915-688-6943
(This space for State Use) CHOSPICAL SIGNAL	NY JERRY SEXTON UPERVISOR			JUN 24 1996
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:		TTLE	·	DATE
CO. DITIONS OF AFFROYAL, IF ANY:				