

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

WELL API NO. 30-025-31360
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. FEE LEASE
7. Lease Name or Unit Agreement Name LATE THOMAS
8. Well No. # 4
9. Pool name or Wildcat JALMAT TANSIL YTS 7RVRS
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3255.7 GR

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> 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 P : 830' Feet From The SOUTH Line and 660' Feet From The EAST Line Section 17 Township 24S Range 37E NMPM LEA County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: SET PRODUCTION CSG <input checked="" type="checkbox"/>

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.

RAN 75 JTS 4 1/2" 11.6# K-55 CSG AND SET AT 3250'. USED TWELVE (12) CENTRALIZERS. CMTED W/LEAD: 675
SXS 'C' LITE + 6% BENTONITE + 5% SALT + 6 PPS HI-SEAL. TAIL W/250 SXS 'C' + 3 PPS KCL + .5% CF-2.
CIRCULATED 167 SXS. WOC 3 DAYS.

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

SIGNATURE Donna Williams TITLE PRODUCTION ASSISTANT DATE 4/19/94
TYPE OR PRINT NAME DONNA WILLIAMS TELEPHONE NO. 915-688-6943

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 26 1994
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

APR 21 1964

**OCU RECORDS
OFFICE**