Submit 3 Copies to Appropriate

APPROVED BY-

CONDITIONS OF APPROVAL, IF ANY:

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

MA: 3.9 1394

District Office		•	vermen 1-1-0)
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO.	
DISTRICT II	Santa Ra Mary Marian 97504 2000		30-025-11050
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III			5. Indicate Type of Lesse STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410			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
1. Type of Well: ORL GAS WELL WELL X OTHER			HODGE
2. Name of Operator			8. Well No.
MERIDIAN OIL INC. 3. Address of Operator			#2
P.O. Box 51810, Midlan	d, TX 79710-1810		9. Pool name or Wildcat
4. Well Location			JALMAT GAS
Unit Letter B : 3	130' Feet From The NORTH	Line and	2310' Feet From The EAST Line
Section 8	Township 24S Ra	nge 37E)	NMPM LEA County
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	
11. Check	Appropriate Box to Indicate I	Nature of Notice, Re	eport, or Other Data
NOTICE OF IN	ITENTION TO:		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	
PULL OR ALTER CASING		CASING TEST AND CE	TEG AND ADAMONMENT
OTHER:		OTHER: CLEAN OUT	FILL/RUN PERF. LINER TO TD
 Describe Proposed or Completed Oper work) SEE RULE 1103. 	rations (Clearly state all pertinent details, an	d give pertinent dates, includ	ling estimated date of starting any proposed
5/7/94: TIH. TAG AT 3077. LINER AT 3077'. LD TBG.	HOLE CLEAN. TAG FILL AT 306 IN OUT TO TD. LOAD HOLE W/1 TOH. LD BHA. RU CSG CREW	2% KCL. TOH INTO CS AND RUN 4" LINER. 1	TD AT 3080'. TOH INTO CSG. TIH. SG. TIH W/LINER ON 2 7/8" TBG. SET RIH W/PMP RODS. TEST PMP. OK.
I hereby certify that the information should be	ue and complete to the best of my knowledge and b	-11-8	
SIGNATURE SIGNATURE	TITE	production assis	STANT DATE 5/16/94
TYPE OR PRINT NAME DONNA WILLIA	MS	·	TELEPHONE NO. 915-688-6943
(This space for State Use)	·	Drig. Sig Paul F	med by Kaut z
ADDROGOUND BY		Geolo	ogist MA: 7.9 1394

TITLE -

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MAY 1 3 1994

OFFICE