APPROVED BY-

CONDITIONS OF APPROVAL, IF ANY:

Submit 3 Copies	State of New M Energy, Minerals and Natural F	- <del></del> -	Form C-103	
to Appropriale District Office	Tive 61) transfer and transfer t			Revised 1-1-89
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088		WELL API NO. 20-035-11750	
DISTRICT II Santa Fe, New Mexico 87504 P.O. Drawer DD, Artesia, NM 88210		87504-2088	5. Indicate Type of Le	STATE FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Le	
( DO NOT USE THIS FORM FOR PI DIFFERENT RES	TICES AND REPORTS ON WE ROPOSALS TO DRILL OR TO DEEPE ERVOIR. USE "APPLICATION FOR PI C-101) FOR SUCH PROPOSALS.)	N OR PLUG BACK TO A	7. Lease Name or Uni	t Agreement Name
1. Type of Well: Off. GAS WELL GAS WELL WELL			HODGE	
2. Name of Operator		· · · · · · · · · · · · · · · · · · ·	8. Well No.	
MERIDIAN OIL INC.			#2	·
<ol> <li>Address of Operator P.O. Box 51810, Midlan</li> </ol>	d, TX 79710-1810		9. Pool name or Wild	cat
4. Well Location  Unit Letter B :	330' Feet From The NORTH	Line and	2310' Feet From Th	e EAST Line
_				
Section 8	Township 24S 1		NMPM LEA	County
		or Dr (raid), Nr (ON, Gic.)		
11. Check	Appropriate Box to Indicate	Nature of Notice R	enort or Other D	//////////////////////////////////////
	NTENTION TO:		SEQUENT RE	
NOTICE OF I	TENTION TO.	300	SEQUENT NEI	-UNI UP:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	AL	TERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	G OPNS. DPL	UG AND ABANDONMENT
PULL OR ALTER CASING		CASING TEST AND C	EMENT JOB	
OTHER: CLEAN OUT FILL/RUN	PERF.LINER TO TD	OTHER:		
12. Describe Proposed or Completed Opwork) SEE RULE 1103.	erations (Clearly state all pertinent details,	and give pertinent dates, incli	iding estimated date of sta	arting any proposed
2. PU AND RIH W/BIT. CLEA	KCL. POOH W/RODS AND PMP			ION W/2% KCL. PU
TO 2800'. SDFN	KER 'V' SETTING SHOE, 400'	OE 4" 11# (LOWED	200' DEDECDATED	@ OUDE OO! DAKED
C-2 LINER SETTING SLEEVE	ON TBG. RIH TO TD. RELSE PE HOR, PERFORATED SUB, SN, &	RFORATED LINER. PO	OH AND LD TBG	•
				·
I hereby certify that the information above is	true and complete to the best of my knowledge	and belief.		
SIONATURE	ud	TITLE PRODUCTION ASS	SISTANT	DATE 5/4/94
TYPE OR PRINT NAME DONNA WILL	AMS			TELEPHONE NO. 915-688-6
(This space for State Use)		ORIGINAL SIGNI	D BY JERRY SEXT	ON
Arrest alternative grant grant	•	DISTRICT	I SUPERVISOR	MAY 6 3 19

\_ TILE --

- DATE -

THE PARTY OF STREET