Submit 3 Copies to Appropriate

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

District Office	6,7,1	and resources Department	Revised 1-1-89
DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION P.O. Page 2008			WELL API NO.
P.O. Box 2088  DISTRICT II P.O. Drawer DD, Artesia, NM 88210  Santa Fe, New Mexico 87504-2088		30-025-25638	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NIM 87410			5. Indicate Type of Lease STATE X FEE
			6. State Oil & Gas Lease No. B934
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: Off Well X Well	OTHER	5.)	FOWLER State
2. Name of Operator MERIDIAN OIL INC.			8. Well No.
3. Address of Operator	77/		9. Pool name or Wildcat
P.O. Box 51810, Midland,	TX 79710-1810		LANGLIE MATTIX 7RVS, QN, GB
Section 16	(((()))	Range 37E whether DF, RKB, RT, GR, etc.)	2235   Reet Prom The   EAST   Line   NMPM   LEA   County
NOTICE OF INT	Appropriate Box to Indi ENTION TO:	icate Nature of Notice, Ro	eport, or Other Data SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	
TEMPORARILY ABANDON	CHANGE PLANS		ALTERING CASING
PULL OR ALTER CASING		CASING TEST AND CE	- 1 ES G VITO V DVITO DIMENT
OTHER: AMEND METHOD OF WAT	ER DISPOSAL	X OTHER:	
12. Describe Proposed or Completed Operati work) SEE RULE 1103.	ons (Clearly state all pertinent de	tails, and give pertinent dates, includ	ing estimated date of starting any proposed
1. WATER IS PRODUCED FROM	THE 7 RIVERS, QUEEN.	GRAYBURG ZONF.	
2. AMOUNT OF WATER PRODUC	•		
3. CURRENT WATER ANALYSIS	IS ATTACHED		
4. WATER STORED IN 250 BBL	FIBERGLASS OPEN TOP	W/NET	
5. WATER IS HAULED BY: RAP	ID TRANSPORT, INC. JAI	_, NM	
6. WATER IS TAKEN TO BIG STO PMPED INTO OUTLYING INJEC PROJECT.	DRAGE TANKS ON THE LATER TOOL WELLS, AND REIN.	ANGLIE JAL UNIT. IT IS JECTED INTO THE WATERF	LOOD
I hereby certify that the information above is true a		ige and belief.	
SIGNATURE	Ú. L.	PRODUCTION ASSIS	TANT DATE 7/20/93
TYPE OR PRINT NAME DONNA WILLIAMS	)		TELEPHONE NO. 915-688-694
(This space for State Use) Orig. S	igned by Kautz		
	logist	- TITLE	DATE 2 3 1993
CONDITIONS OF APPROVAL, IP ANY:			- VAIB