Form	3160-5
(July	1989)
Form	orly 9_331

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	7.
CONTACT RECEI	G
OFFICE FOR NUML	
OF COPIES REQUIR	
Other instructions on	reverse
side)	

BLM Roswell District Modified Form No. NM060-3160-4

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	MENT OF THE INTERIOR U OF LAND MANAGEMENT	OF COPIES REQUIRED (Other instructions on reverse side)	5. LEASE DESIGNATION AND SERIAL NO. NM-67985	
(Do not use this form for proposa	ICES AND REPORTS Of als to drill or to deepen or plug back (FION FOR PERMIT-" for such proposals.)	to a different reservoir.	6. IF INDIAN, ALLOTTEE	OR TRIBE NAME
1. OIL X GAS WELL OTHER		FEB - 6 1991	7. UNIT AGREEMENT NAM	ME
2. NAME OF OPERATOR		1 - 9 - 0 1341	8. FARM OR LEASE NAM	E
Meridian Oil Inc.		Benson "3" Federal		
3. ADDRESS OF OPERATOR 3a. AREA COARTEGORE		3a. AREA COARTESINE OFFICE	9. WELL NO.	
21 Desta Dr., Midland, TX	K 79705	915-686-5600	6	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		10. FIELD AND POOL, OR WILDCAT Shugart (Y, SR, Q, G)		
2310' FSL & 480' FEL			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
			Sec. 3, T19S, F	30E
14. PERMIT NO. 30-015-26565	· · · · · · · · · · · · · · · · · · ·		12. COUNTY OR PARISH	13. STATE
16. Check A	Appropriate Box To Indicate	e Nature of Notice, Repor	t, or Other Data	
NOTICE OF INTENT	CION TO:	SUBSEQUE	, NT REPORT OF:	
		_	1	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WE	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CAS	
SHOOT OR ACIDIZE	ABANDON* CHANGE PLANS	SHOOTING OR ACIDIZING (Other) Set & Crnt Casi	ABANDONMEN	' x
REPAIR WELL (Other)	Charge PLATS	(NOTE: Report results of	of multiple completion on	Wetl
17. DESCRIBE PROPOSED OR COMPLETED	ODERATIONS (Clearly state all pertinent (letion Report and Log form	
1/23/91Spud well. Set 8 1645 hrs. 1/29/91Set 5-1/2" csg @ hrs.				n @1830
				3 7 <i>S</i>
7				
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/				
18. I hereby certify that the foregoing is	s true and correct			
SIGNED Thut L. T	- A ()	r. Staff Env./Reg. Spec.	DATE 31 Jan	nuary 1991
(This space for Federal or State offic	e use)			
	TITLE		_ DATE	
CONDITIONS OF APPROVAL, IF ANY:	TITLE			