

Form 3160-5
 (November 1983)
 (Formerly 9-331)

UNITED STATES
 DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
 (Other instructions on re-
 verse side)

Form approved.
 Budget Bureau No. 1004-1
 Expires August 31, 1985

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—" for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
 Meridian Oil Inc.

3. ADDRESS OF OPERATOR
 21 Desta Drive, Midland, Texas 79705

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
 See also space 17 below.)
 At surface
 1980' FNL & 1980' FWL, Sec. 11, T-18-S, R-33-E

5. LEASE DESIGNATION AND SERIAL
 NM-30398

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
 Caviness Federal

9. WELL NO.
 4

10. FIELD AND POOL OR WILDCAT
 Mescalero Escarpe (Bone Spr)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
 Sec. 11, T-18-S, R-33-E

12. COUNTY OR PARISH 13. STATE
 Lea N.M.

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
 4012' GR

18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Set 8 5/8" Csg <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Set 8 5/8" 28# & 24# csg @ 3100'. Cmt w/1250 sx BJ Lite & tailed in w/200 sx C1 "C". PD @ 11:00 PM 4-10-87. Cmt circ 120 sx. WOC 16 hrs. Tested csg to 500#. Held OK.



ACCEPTED FOR RECORD

APR 10 1987

ES

18. I hereby certify that the foregoing is true and correct

SIGNED Carl S. Nohel

TITLE Engineering Tech III

CARLSBAD, NEW MEXICO
 4/13/87

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

HOBBS OFFICE
OCD
APR 21 1987
RECEIVED