

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-  
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL

NM-30398

IF INDIAN ALLOTTEE OR TRIBE NAME

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. WELL TYPE OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Meridian Oil Inc.	8. FARM OR LEASE NAME Caviness Federal
3. ADDRESS OF OPERATOR 21 Desta Drive, Midland, Texas 79705	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below) At surface 660' FSL & FWL, Sec. 11, T-18-S, R-33-E	10. FIELD AND POOL OR WILDCAT Mescalero Escarpe (Bone Spr)
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-18-S, R-33-E
15. ELEVATIONS (Show whether OF, RT, OR, etc.) 3980' GR	12. COUNTY OR PARISH Lea
	13. STATE N.M.

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

NOTICE OF INTENTION TO		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PUMP OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Set 5 1/2" csg	
(Other) _____			

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS, including all pertinent details, and give pertinent dates, including estimated date of starting and 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 5 1/2" 17# & 15.5# csg @ 9000'. Cmt 1st stage w/600 sc C1 "H". Bumped plug w/1700# pmp press. Dropped bomb & opened DV tool @ 6492'. Circ 100 sx from above tool. Cmt 2nd stage w/1135 sx C1 "H" 50-50 Pozmix. Bumped plug w/1400# pmp press. Increased press to 3000#. ND BOP's. Set slips. NU tbg head. Clean & jet pits. Rlsd rig @ 4:00 PM 4-24-87.

ACCEPTED FOR RECORD

APR 28 1987

SJS  
CARLSBAD, NEW MEXICO

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

SIGNED Cathy M. Hester

TITLE Engineering Tech III

DATE 4/27/87

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

\*See Instructions on Reverse Side

RECEIVED

MAY 1 1987

OCD  
HOBBS OFFICE