

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse
side)

BLM Roswell District
Modified Form No.
NMO60-3160-4

5. LEASE DESIGNATION AND SERIAL NO.
NM-21172

6. 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. OIL WELL GAS WELL OTHER API NO. **30-025-31575**

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
MERIDIAN OIL INC.

8. FARM OR LEASE NAME
PERCHA 15 FED. COM

3. ADDRESS OF OPERATOR
P.O. Box 51810, Midland, TX 79710-1810

3a. AREA CODE & PHONE NO.
915/688-6906

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

L, 1830' FSL & 660' FWL, SEC. 15, T18S, R33E

10. FIELD AND POOL, OR WILDCAT
SOUTH CORBIN WOLFCAMP

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SEC. 15, T18S, R33E

14. PERMIT NO.
30-025-31575

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3880' GR

12. COUNTY OR PARISH
LEA

13. STATE
NM

16. 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) <u>SET PRODUCTION CASING</u> <input 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.)*

8/18/92 - DRILLED 7 7/8" HOLE TO 11,550' TD.

8/19/92 - LOGGED WELL.

8/21/92 - RAN 283 JOINTS 5 1/2" 17# N-80, LTC SET AT 11550. CEMENTED FIRST STAGE WITH 350 STAGE CLASS "H" 50/50 SILICALITE/POZ, TAILED WITH 400 SACKS CLASS "H" PLUS 2% KCL .6% HALAD-9. DV TOOL SET AT 8013'. CIRCULATED 75 SACKS OFF DV TOOL. CEMENTED SECOND STAGE WITH 1000 SACKS CLASS "C" LITE PLUS 6% GEL PLUS 9 PPS SALT. TAILED WITH 200 SACKS "C" +1 PPS SILICALITE. WAIT ON CEMENT 72 HOURS PRESSURE TEST CASING TO 1500 PSI FOR 30 MINUTES OK.

8/25/92 - PLUG BACK TD 11510. RAN GR/CBL/CCL LOG. TOP OF CEMEN AT 1300'

AC
23 1992

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

SIGNED *Maura J. Perry* TITLE PROD. ASST. DATE 9/2/92

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**