

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT - " for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

MERIDIAN OIL INC.

3. Address and Telephone No.

P.O. Box 51810, Midland, TX 79710-1810 915-688-6943

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec. 7, T20S, R37E  
660' FNL & 1980' FEL

N.A. IL CONS. COMMISSION

P.O. BOX 1980

HOBBS, NEW MEXICO 88240

FORM APPROVED

Expires: March 31, 1993

5. Lease Designation and Serial No.

LC031621A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Britt Federal 4

9. API Well No.

30-025-05992

10. Field and Pool, or exploratory Area

11. County or Parish, State

LEA NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other STATUS

☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

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

13. 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.)\*

Meridian Oil Inc. had plans to recomplete/stimulate well and return to production, however, questions were arisen by the former operator concerning interest. Presently working to resolve these questions. Will advise at later date.

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

Signed

Title REGULATORY ASSISTANT

Date 7/5/95

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: