

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. LC-030181-A	
2. NAME OF OPERATOR MERIDIAN OIL INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-1810		7. UNIT AGREEMENT NAME	
3a. AREA CODE & PHONE NO. 915-688-6906		8. FARM OR LEASE NAME RHODES GSU	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface C, 660' FNL & 1980' FWL		9. WELL NO. 26	
		10. FIELD AND POOL, OR WILDCAT RHODES-YATES-7 RVRS GAS	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 8, T-26-S, R-37-E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2977' GR	12. COUNTY OR PARISH LEA	13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐

PULL OR ALTER CASING

☐

FRACTURE TREAT

☐

MULTIPLE COMPLETE

☐

SHOOT OR ACIDIZE

☐

ABANDON*

☐

REPAIR WELL

☐

CHANGE PLANS

☒

(Other) **BACKSIDE ACID JOB**

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐

REPAIRING WELL

☐

FRACTURE TREATMENT

☐

ALTERING CASING

☐

SHOOTING OR ACIDIZING

☐

ABANDONMENT*

☐

(Other)

(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.)*

PUMP 1000 GALLONS OF 7-1/2% NEFE HCL ACID DOWN ANNULUS. ALLOW ACID TO SOAK FOR 2 HOURS, THEN PUT WELL ON PUMP.

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

SIGNED

Maria L. Perez

TITLE

PRODUCTION ASST.

DATE

4-16-92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

4/30/92

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**