

**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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <b>Meridian Oil Inc.</b>		8. FARM OR LEASE NAME <b>Federal "AW"</b>	
3. ADDRESS OF OPERATOR <b>21 Desta Dr., Midland, TX 79705</b>	3a. AREA CODE & PHONE NO. <b>915-686-5600</b>	9. WELL NO. <b>2</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>330' FSL &amp; 2310' FEL</b> <i>unit 0</i>		10. FIELD AND POOL, OR WILDCAT <b>East Lusk (Delaware)</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 26, T19S, R32E</b>	
14. PERMIT NO. <b>Approved 8/14/90</b>	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3577' GR.</b>	12. COUNTY OR PARISH <b>Lea</b>	13. STATE <b>NM</b>

16. 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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Set &amp; Cmt Csg</u>	<input checked="" type="checkbox"/>
(Other) <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.)\*

Run 8-5/8" 32# & 28# K-55 STC csg and set @4520'  
 CMT DETAIL: 1st Stage--575 sx Howco Lite + 9 pps salt + 1/4 pps Flocele. Tail w/250 sx Class C Neat Did not circ. off DV tool.  
 2nd Stage--3000 sx Howco Lite + 9 pps salt + 1/4 pps Flocele. Tail w/300 sx Class C + 1/2% CaCl2. Circ. 258 sx.  
 ECP @2919'; DV tool @2910'.

RECEIVED  
 OCT 9 10 31 AM '90  
 CARL...  
 AREA...  
 ENGINEERS

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

SIGNED *Robert L. Bradshaw* TITLE Sr. Staff Env./Reg. Spec. DATE 08 October 1990

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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

\*See Instructions on Reverse Side

RECEIVED

OCT 15 1990

OOD  
HOOPS OFFICE