

UNITED 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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <small>(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.)</small>		5. LEASE DESIGNATION AND SERIAL NO. <b>LC-030181-A</b>	
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <b>MERIDIAN OIL INC.</b>		8. FARM OR LEASE NAME <b>RHODES GSU</b>	
3. ADDRESS OF OPERATOR <b>P.O. Box 51810, Midland, TX 79710-1810</b>	3a. AREA CODE & PHONE NO. <b>915-688-6943</b>	9. WELL NO. <b>26</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>C, 660' FNL &amp; 1980' FWL</b>		10. FIELD AND POOL, OR WILDCAT <b>RHODES-YATES-7 RVRS GAS</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>8, T-26-S, R-37-E</b>	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>2977' GR</b>	12. COUNTY OR PARISH <b>LEA</b>	13. STATE <b>N.M.</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) <b>REMEDIAL WORK</b> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		<small>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</small>	

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.)\*

12/17/91 CLEAN OUT WITH FOAM TO 3058'.

12/18/91 SWAB. WELL FLOWING OUT TBG. TURN DN FLOWLINE. TURN TO PRODUCTION.

3/1/92 HAD SALT BUILDUP ABOVE S.N. PUMPED FRESH WTR W/ 3 GALS OF SOAP DN TBG. TIH W/ INSERT PUMP.

3/2/92 TURN TO PRODUCTION.

*As*

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

SIGNED *Kerran Scholz* TITLE PRODUCTION ASST. DATE 5-13-92

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**\*See Instructions on Reverse Side**