

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

5. Lease Designation and Serial No.
LC-030177-D

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No. C.W SHEPHERD

2. Name of Operator
MERIDIAN OIL INC.

FEDERAL NO. 9

3. Address and Telephone No.
P.O. Box 51810 Midland, TX 79710 915-688-6800

9. API Well No.
3D-025-31463

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SEC. 5, T-26-S, R-37-E

10. Field and Pool, or Exploratory Area
RHODES Y, SR (GAS)

1980' FWL & 1930 FSL

11. County or Parish, State
LEA COUNTY, NM

Unit K

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>FOAMED ACID CLEANOUT</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)*

- DELIVER TEST TANK AND +\ -100 JOINTS (+\ -3100') OF 2 3/8" TUBING TO LOCATION
- MIRU PU. KILL WELL WITH 2% KCL WATER. POOH W/RODS AND PMP. ND WH. NU BOP. POOH W/TUBING. PU & RIH W/ BIT AND CASING SCRAPER ON 2 3/8" WORKSTRING FOR 4 1/2" 11.6# CASING TO 3401'. POOH W/BIT AND SCRAPER.
- RIH W/UNI 5 TREATING PACKER ON 2 3/8" WORKSTRING. SET PACKER AT +\ -2700'. LOAD AND TEST BACKSIDE TO 500 PSI. MIRU ACID ENGINEERING. TEST LINES TO 4000 PSI. FOAM/ACID STIMULATE WITH THE FOLLOWING SPECIFICATIONS:
 - * 5600 GAL 60 QUALITY 15% FOAMED HCL + ADDITIVES
 - * FLUSH TO BOTTOM PERF WITH 500 GAL CO2
 - * PMP RATE @ 6-8 BPM
 FLOW BACK/SWAB CO2 + SPENT ACID TO FRAC TANK TO CLEAN UP. KILL WELL W/2% KCL WATER. RELEASE PACKER, POOH LAYING DOWN WORKSTRING.
- RIH W/MA, SN, AND 94 JTS (+\ -2914') OF 2 3/8" 4.7# J-55 PRODUCTION TBING, TESTING INTO HOLE. REPLACE BAD JTS AS NEEDED
- TURN TO PRODUCTION

RECEIVED
 AUG 11 10 25 AM '93
 CARE AREA
 RECEIVED

14. I hereby certify that the foregoing is true and correct
 Signed Donna Williams Title PRODUCTION ASSISTANT Date 8/10/93

(This space for Federal or State office use)
 Approved by _____ Title _____ Date SEP 3 1993
 Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

REMOVED

SEP 24 1993

OFFICE