

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

**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 Meridian Oil Inc.		8. FARM OR LEASE NAME Bondurant Fed.	
3. ADDRESS OF OPERATOR 21 Desta Dr., Midland, TX 79705		3a. AREA CODE & PHONE NO. 915-686-5600	9. WELL NO. 4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 330' FEL		10. FIELD AND POOL, OR WILDCAT Buffalo (Yates)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T19S, R32E	
14. PERMIT NO. 30-025-31192	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3687' GR.	12. COUNTY OR PARISH Lea	13. STATE NM

**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; Cement Casing</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.)\*

Spud well @1630 hrs. on 3/20/91.  
Set 8-5/8" 28# K-55 BTC csg @430'. Cmt w/300 sx Class C + 2% calcium chloride.  
PD @2245 hrs. on 3-20-91. Circulate 105 sx to pit.  
WOC 18 hrs. Tested csg to 1500 psi---OK.

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

SIGNED Robert L. Bradshaw

TITLE

Sr. Staff Env./Reg. Spec.

DATE

22 March 1991

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

**\*See Instructions on Reverse Side**