Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR

N.M. OIL CON. JOMMISSION ORM APPROVED
P.O. BOX 1980

Budget Bureau No. 1004-0135

Expires: March 31, 1993

HOBBS. NEW MEXICO 82240

BUREAU OF	LAND MANAGEMENT	Sesignation and Serial No.
SUNDRY NOTICES AND REPORTS ON WELLS		NM 81633
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.		6. If Indian, Allottee or Tribe Name
Use "APPLICATION FOR	PERMIT - " for such proposals	
SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
1. Type of Well X Oil Gas Other		<u> </u>
2. Name of Operator		8. Well Name and No. Checkmate '24' No. 1
MERIDIAN OIL INC.		Federal
3. Address and Telephone No.		9. API Well No
P.O. Box 51810, Midland, TX 79710-1810 915-688-6943		30-025-32945
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		10. Field and Pool, or exploratory Area Red Tank Bone Spring
Sec. 24, T22S, R32E 1980' FSL & 1980' FEL		The Tank Bone Spi mg
		11. County or Parish, State
		Lea NM
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT,	OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	Abandonment	Change of Plans
[w]	Recompletion	New Construction
Subsequent Report	Plugging Back	Non-Routine Fracturing
Final Abandonment Notice	Casing Repair	Water Shut-Off
	Altering Casing	Conversion to Injection
	X Other <u>Extend Drlg Permit</u>	Dispose Water
		(Note: Report results of multiple completion on Well
 Describe Proposed or Completed Operations (Clearly state all give subsurface locations and measured and true vertines.) 	pertinent details, and give pertinent dates, including estimated date of startifical depths for all markers and zones pertinent to this work.)*	ni; any proposed worl:. If well is directionally drilled
referenced well for a term endi	requests to extend the drilling perming in one (1) year.	t for the above
The original drilling permit wa	s issued on May 4, 1995.	
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	END: 5/4/97	F:
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14. I hereby certify that the foregoing is true and correct		
Signed	Regulatory Compliance	_{Date} <u>5/3/96</u>
(This space for Federal or State office use.) NE G	* 6 70 6	
Approved by(UNIS. SED.) MIE G	LARA	×/23/9/
Conditions of approval, if any:		Date



