SUND	UNITED STATES DEPARTM T OF THE INTER BUREAU OF LAND MANAGEMEN RY NOTICES AND REPORTS TO for proposals to drill or to deepen or plus	ON WELESVED					
OIL GAS WELL WELL	Jse "APPLICATION FOR PERMIT—" for such	J. 17 17 19					
2. NAME OF OPERATOR			8. FARM OR LEAST NAME Meridian Federal				
C & J Dr	lling	Albert III illi					
3. ADDRESS OF OPERATOR P O BOX 2	.56 Artesia, N	9. WELL NO.					
4. LOCATION OF WELL (Rep. See also space 17 below	10. FIELD AND POOL OR WILDCAT						
See also space 17 below At surface	East Red Lake,						
	& 990 FWL	JAN 30 '89	11. SEC., T., B., M., OR BLK. AND SURVEY OR ARMA				
	المنافق		Sec. 25,T16S.,R.28E.				
14. PERMIT NO.	15 ELEVATIONS (Show whether	U. U. J .	12. COUNTY OR PARISH 13. STATE				
	3776.4 GR	WOTESWA, CORFICCE	Eddy N M				
16.	Check Appropriate Box To Indicate	Nature of Notice, Report, or (Other Data				
NO:	UENT REPORT OF:						
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL				
FRACTURE TREAT	MCICIPLE COMPLETE	FRACTUBE TREATMENT	ALTERING CASING				
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDON MENT*				
REPAIR WELL	CHANGE PLANS	(Other)	A mildion and later and Wall				
	(Other) run surface casing X (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)						
17. DESCRIBE PROPOSED OR C proposed work. If we nent to this work.)	OMPLETED OPERATIONS (Clearly state all pertin vell is directionally drilled, give subsurface lo	ent details, and give pertinent dates cations and measured and true vertic	, including estimated date of starting any all depths for all markers and zones perti-				
12/12/88	Spud at 4:15 P M						
12/31/88	Ran 326' New 8 5/8" casing cement, did not circulate	g, 23#, cemented w/ 145	sx, 2% CC premium plus				
1/2/89	Ran 1" tbg to 112', tag ce cement to surface Shut down W O C	ement, cemented w/ 50 s	ex class C cement, 2% CC,				
1/5/89	Tested under pipe @ 326' 1 no water	hr, no water, tested	under pipe at 350' 1 hr,				
		AUCERTED FOR F	FCM NOS				

FOR RECORD

JAN 2 6 1383 EE CARESBAD, NEW MEXICO

I hereby certify that the foregoing is true and correct SIGNED Author Hammon	TITLE	Secretary	DATE	1/11/89
 (This space for Federal or State office use)				
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE	

*See Instructions on Reverse Side