

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUBMIT IN TRIPLICATE

NM OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210
FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

NM 045254

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

TECUMSEH FEDERAL NO. 1

9. API Well No.

30-015-27935

10. Field and Pool, or exploratory Area

WILDCAT

11. County or Parish, State

EDDY NM

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

MERIDIAN OIL INC.

3. Address and Telephone No.

P.O. Box 51810, Midland, TX 79710-1810 915-688-6943

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SEC. 20, T16S, R27E
2080' FNL & 660' FEL

RECEIVED

OCT 11 '94

O. C. D.

ARTESIA, OFFICE

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other SET INTERMEDIATE CSG
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

DRILD A 12 1/4" HOLE TO 1530. RAN 34 JTS OF 8 5/8" 28# K-55 BTC CSG AND SET AT 1530. USED EIGHT CENTRALIZERS. CMED W/675 SXS 'C' + 6% BENTONITE + 9 PPS SALT + .25 PPS FLOCELE. TAIL W/250 SXS 'C' + 2% CACL2. CIRC 15 SXS. WOC 18 HRS.

J. Lane
- 4 1994

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

Signed

Title PRODUCTION ASSISTANT

Date 9/2/94

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: