Form approved. Budget Burcau No. 1004-6 UNITED STATES

SUBMIT IN TRIPL TE\*
(Other instructions on reverse side) Expires August 31, 1985 Fcrm 3160-5 (November 1983) 5. LEASE DESIGNATION AND SERIAL . (Formerly 9-331) NM - 56542BUREAU OF LAND MANAGEMENT 6 IF INDIAN, ALLOTTEE OR TRIBE HAME 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.) 7. UNIT AGREEMENT NAME RECEIVED BY WELL XX WELL GAS OTHER 8. FARM OR LEASE NAME NAME OF OPERATOR Culwin "35" Federal **AUG 1** 0 1987 Meridian Oil Inc. 9. WELL NO. ADDRESS OF OPERATOR LOCATION OF WELL (Report location clearly and in accordance with any State regular mental See also space 17 below.)

At surface 21 Desta Drive, Midland, Texas 79705 10. FIELD AND POOL OR WILDCAT Shugart (Y,SR,Q,G) 11. SEC., T., B., M., OR BLE. AND SURVEY OR ARMA 1855' FSL & 635' FEL, Sec. 35, T-18-S, R-30-E Sec. 35, T-18-S, R-30-E 12. COUNTY OR PARISH 13. STATE 15 ELEVATIONS (Show whether DF, RT, GR. etc.) 14. PERMIT NO 3478.6' GR 3475.1 Eddy Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO REPAIRING WELL WATER SHUT-OFF PULL OR ALTER CASING TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT PRACTURE TREAT SHOOTING OR ACIDIZING (Other) Set 5 1/2" production csg. ABANDONS SHOOT OR ACIDIZE CHANGE PLANS NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) REPAIR WELL

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.) \*

Set 5 1/2" 15.5# csg @ 3450'. Cmt w/750 sx pace-setter lite "C". Tailed in with 300 sx Cl "C". PD @ 2:05 PM. Circ 215 sx. PU stack. Set slips & cut off. Rlsd rig @ 8:00 PM 8/5/87.

SIGNED (IT hereby certify that the foregoing is true and correct	Operations Tech III	DATE _	8/7/87
(This space for Federal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE _	