

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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"/>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Meridian Oil Inc. ✓	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 21 Desta Drive, Midland, Texas 79705	8. FARM OR LEASE NAME Apache Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990 1980' FNL & FEL, Sec. 35, T-19-S, R-29-E O. C. D. ARTESIA OFFICE	9. WELL NO. 2
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT Parkway (Delaware)
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3339 GR.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T-19-S, R-29-E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

16. 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) Set & CMT 5-1/2" CSG <input checked="" 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.)

03/22/89 - 5-1/2" CSG. set @ 4549'.
CMT w/310 sx, Class "C" w/18.5# micro-lite/sx, 18.5# Pox-mix/sx.
0.15# D604A/sx, 0.3 M & 5 antifonn, T.E.W./305 sx
Class "C" w/5# salt/sx. PD @ 6:15 a.m. 03/21/89.
CMT cir. 28 sx.

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

SIGNED Robert L. Bradshaw

TITLE Sr. Staff Env./Reg Spec.

DATE 03/22/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

DATE _____

APR 3 1989

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO