

Form 3160-5  
(July 1989)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on reverse  
side)

BLM Roswell District  
Modified Form No.  
NM060-3160-4

C/SF

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"/> API NO. 30-015-26026		5. LEASE DESIGNATION AND SERIAL NO. NM-54865	
2. NAME OF OPERATOR MERIDIAN OIL INC. /		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-1810		7. UNIT AGREEMENT NAME	
3a. AREA CODE & PHONE NO. 915-688-6906		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 H, 1980' FNL & 990' FEL		9. WELL NO. 2	
10. FIELD AND POOL, OR WILDCAT PARKWAY (DELAWARE)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35, T-19-S, R-29-E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3339' GR	12. COUNTY OR PARISH EDDY	13. STATE N.M.

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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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
(Other) ADD DELAWARE PAY & STIMULATE	<input checked="" type="checkbox"/>	(Other)	<input 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.)\*

ADD DELAWARE PAY, ACIDIZE AND FRACTURE.

RIH W/4" CASING GUN. PERFORATE DELAWARE "A" SAND 1 SPF FROM 3960-3982', 23 HOLES AND 3990'-4014' 25 HOLES. SET RBP AT 4100', SET PACKER AT 4070'. TEST RBP TO 3400 PSI. RE-SET PACKER AT 3850'. STIMULATE PERFS WITH TWO DRUMS OF TRETOLITE SP358 25% SOLUTION MIXED WITH 330 GALLONS OF 2% KCL. FOLLOW WITH 1000 GALLONS OF 7-1/2% NEFE HCL ACID. SPACE OUT 72-7/8" RCNBS. FRACTURE STIMULATE DELAWARE "A" W/14,000 GALLONS 35# BORATE X-LINKED GEL & 42,900# 12/20 OTTAWA SAND. KILL WELL. RIH W/2-3/8" PRODUCTION TUBING AT 3950'. ATTEMPT TO KICK OFF FLOWING. IF WELL DOES NOT KICK OFF, RIH WITH THE 2" X 1.5" X 18' PUMP AND 3/4" RODS. TURN WELL TO PRODUCTION.

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

SIGNED	<u>Mark L. Rose</u>	TITLE	<u>PRODUCTION ASST.</u>	DATE	<u>915 688-6906</u>
(This space for Federal or State office use)					
APPROVED BY		TITLE		DATE	<u>1/6/92</u>
CONDITIONS OF APPROVAL, IF ANY:					

\*See Instructions on Reverse Side