

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

cbf

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.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> API NO. 30-015-26026		JAN 12 1992	
2. NAME OF OPERATOR MERIDIAN OIL INC.		O. C. D.	
3. ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-1810		915-688-6906	
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.

16. **Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data**

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) ADDED DELAWARE PERFS & STIM'D	<input checked="" type="checkbox"/>		<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.)*

12-3-91 PERFORATED DELAWARE A SAND 3960-82', 3990-4014', 1 SPF, 48 HOLES. SET RBP @4091' AND TESTED. SET PKR @ 3864'.

12-4-91 BREAKDOWN PERFS W/110 GLS SP 358 IN 330 GALS 2% KCL. ACDZD W/1000 GLS 7-1/2% NEFE HCL & 72 BALL SEALERS. FRAC'D W/14,000 GLS 35# BORATE X-LINKED GEL & 42,900# 12/20 OTTAWA SAND.

12-5-91 KILLED WELL W/50 BBLs TREATED 2% KCL.

12-6-91 LEFT RBP-6 GUIBERSON SET AT 4091'. WELL FLOWING. TURN WELL TO PRODUCTION.

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

SIGNED

Harvey L. Perez

TITLE

PRODUCTION ASST.

DATE

12-13-91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

6 1006

SJS

*See Instructions on Reverse Side