

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

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

415P

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-61582	
2. NAME OF OPERATOR MERIDIAN OIL INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 21 DESTA DRIVE, MIDLAND, TEXAS 79705		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FNL & 1980' FEL, Sec. 35, T-19-S, R-29-E		8. FARM OR LEASE NAME Apache "A" Federal	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3314 GL		10. FIELD AND POOL, OR WILDCAT Parkway (Delaware)	
		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 13 3/8" csg. <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(Notes: 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.)

Spudded well @ 2:45 p.m., 04/03/89. Set 10 jts. 13 3/8", 48#/ft K-55 csg @ 365'. Cmt. w/50 bbl FW, 378 sx Cl "C" w/2% CaCl2, 1/4#/sx Cello w/10#/sx Kolite in 1st 150 sx. Disp. w/59 bbl BW. Bumped plug @ 2:15 a.m. 04/04/89. Did not circ. Cmt. backside w/1"--100 sx Cl "C" w/3% CaCl2. Circ. 5 sx cmt. 5:45 a.m. 04/04/89.

RECEIVED
APR 10 9 10 AM '89

18. I hereby certify that the foregoing is true and correct
SIGNED Robert L. Bradshaw TITLE Sr. Staff Env./Reg. Spec. DATE 04/05/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD
DATE

APR 14 1989

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO