

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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"/>		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. TRAIT 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 & 940' FWL, Sec. 35, T19S, R29E		8. FARM OR LEASE NAME Apache "A" Federal
14. PERMIT NO. Issued 6/19/89		9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3310' GR		10. FIELD AND POOL, OR WILDCAT Parkway (Delaware)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T19S, R29E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

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 COMPLETION <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 8 5/8" & 5 1/2" CSGS. <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.)\*

Set 8 5/8" Csg. @ 3200'.

1st Stage: Cmt'd w/ 1000 gal Flocheck 21, 400 sx Class "C" Howco Lite + 1/4# Flocel + 2% CaCl<sub>2</sub> and 200 sx Class "C" + 2% CaCl<sub>2</sub>. P.D. @ 1300 hrs. on 7/20/89. Set ECP & open tool. Circ. 134 sx cmt.

2nd Stage: Cmt'd w/ 3345 sx Howco Lite + 9# salt and 200 sx Class "C" + 2% CaCl<sub>2</sub>. P.D. @ 1100 hrs. on 7/21/89. Circ. 540 sx cmt.

Set 5 1/2" csg @ 4550'  
Cmt'd w/ 420 gal. Flocheck 21 and 425 sx Class "C" w/ 5# salt/sx.  
P.D. @ 2255 hrs. on 7/26/89.

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

SIGNED Robert L. Bradshaw

TITLE Sr. Staff Env./Reg. Spec.

DATE 9/28/89

(This space for Federal or State office use)

Adc

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side