

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

45F

5. LEASE DESIGNATION AND SERIAL NO.  
**NM-29228**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**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 ☒ GAS WELL ☐ OTHER

RECEIVED

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

**Meridian Oil Inc.**

8. FARM OR LEASE NAME

**Benson "3" Federal**

3. ADDRESS OF OPERATOR

**21 Desta Dr., Midland, TX 79705**

3a. PHONE NO. & TELETYPE NO.

**915/686-5600**

9. WELL NO.

**3**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

**C. C. D.  
ARTESIA, OFFICE**

10. FIELD AND POOL, OR WILDCAT

**Shugart (Y, SR, Q, G)**

**1650' FNL & 330' FEL**

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

**Sec. 3, T19S, R30E**

14. PERMIT NO.

**Approved 1/17/90**

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

**3448' GR.**

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) **Set & Cmt Csg.**

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Spud well @ 1730 hrs. on 3/14/90.

Set 8 5/8" csg @531'. Cmt w/315 sx Cl. "C" w/2% CaCl2 & 1/4#/sx Celloflake. Circ. 75 sx. Job complete @1200 hrs. on 3/15/90.

Set 5 1/2" csg @3248". Cmt w/485 sx Cl. "C" Lite + 12% salt + 1/4#/sx Celloflake. Tailed in w/265 sx Cl. "C" + 5#/sx salt. Circ. 30 sx. Job complete @1945 hrs. on 3/20/90.

APR 3 11 04 AM '90

RECEIVED

ACCEPTED FOR RECORD

APR 11 1990

CARLSBAD, NEW MEXICO

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

SIGNED

*Robert A. Bradshaw*

TITLE

**Sr. Staff Env./Reg. Spec.**

DATE

**4/02/90**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side