

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Meridian Oil Inc.		8. FARM OR LEASE NAME North Shugart Federal	
3. ADDRESS OF OPERATOR 21 Desta Dr., Midland, TX 79705	3a. AREA CODE & PHONE NO. 915/686-5600	9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 760' FEL		10. FIELD AND POOL, OR WILDCAT North Shugart (Morrow)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T18S, R31E	
14. PERMIT NO. Approved 5/21/90	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3659' GR.	12. COUNTY OR PARISH Eddy	13. STATE NM

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)			

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 type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Set & Cement Casing			<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.)*

7/06/90-Set 13 3/8" 40# H-40 csg @ 392'. Cement w/420 sx Class C. Circulate 60 sx.
7/11/90-Set 8 5/8" 24# & 32# K-55 csg @ 3495'. Cement w/1050 sx Class C Lite + 200 sx Class C w/2% calcium chloride. Circulate.

RECEIVED

JUL 27 '90

C. C. D.
ARVESTIA, OFFICE

RECORDED
INDEXED
MEXICO

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

SIGNED <u><i>Robert L. Bradshaw</i></u>	TITLE <u>Sr. Staff Env./Reg. Spec.</u>	DATE <u>16 June 1990</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

***See Instructions on Reverse Side**