

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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BLM Roswell District
Modified Form No.
NM060-3160-4

CLSF

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 <input type="checkbox"/>		SEP 27 '90		5. LEASE DESIGNATION AND SERIAL NO. LC-029393-C	
2. NAME OF OPERATOR Meridian Oil Inc.		O. C. D.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 21 Desta Dr., Midland, TX 79705		3a. AREA CODE & PHONE 915/686-5600		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 1980' FNL & 760' FEL				8. FARM OR LEASE NAME North Shugart Federal	
				9. WELL NO. 1	
				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	

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Set & Cement Casing	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

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 DV tool @830'.
7/12/90 Cmt w/250 sx. PD @0700 hrs. Ran 1" to 610'. Cmt w/100 sx. No returns. WOC. Ran 1" to 250' & cmt w/320 sx. Circ. 20 sx.
8/08/90-Holes in 8-5/8" csg. Cmt squeeze would not hold. Run 7-1/2" 23#, K-55 liner and set @4024'. Cmt w/300 sx Class C. PD @0830 hrs. on 8/09/90. Tailed w/180 sx.
8/25/90-Set 4-1/2" 11.6# N-80 & K-55 csg @11,927'. Cmt w/625 sx Super H w/6% salt + 0.25% Diacel LWL & 0.3% CF-2. Tail w/100 sx Class H w/5% salt + 0.3% CF-2. PD @0500 hrs on 8/25/90. NOTE: This Sundry ties the previously reported actions to those reported on this one; therefore, some of the data are duplicated.
The installation of the 7" liner was discussed w/Shannon Shaw, BLM-Carlsbad, in advance. Mr. Shaw verbally approved its installation.

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

SIGNED Robert L. Bradshaw TITLE Sr. Staff Env./Reg. Spec. DATE 17 September 90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side