

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

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.)

5. LEASE DESIGNATION AND SERIAL NO.  
**NM-67985**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Benson "3" Federal**

9. WELL NO.  
**7**

10. FIELD AND POOL, OR WILDCAT  
**Shugart (Y, SR, Q, G)**

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
**Sec. 3, T19S, R30E**

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR  
**Meridian Oil Inc.**

3. ADDRESS OF OPERATOR  
**P.O. Box 51810, Midland, TX 79710-1810**

3a. AREA CODE & PHONE NO.  
**915-686-5600**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
**1140' FSL & 330'FEL**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**3411' 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 ☐

REPAIRING WELL ☐  
ALTERING CASING ☐  
ABANDONMENT\* ☐

(Other) **Set & Cement Casing** ☒

(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.)\*

MIRU. Spud well @1200 hrs. on 5/03/91. Run 8-5/8" & set @510'. Cmt w/450 sx Class C + 2% calcium chloride. PD @2200 hrs. Circulate 130 sx. WOC. Weld on head. Nipple up. Test to 1500 psi.--OK.



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

SIGNED

*Robert L. Bradshaw*

TITLE

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

DATE

**09 May 1991**

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

