

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.
NMO60-3160-4

dsf

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.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		MAY 19 1992		5. LEASE DESIGNATION AND SERIAL NO. NM-58034	
2. NAME OF OPERATOR MERIDIAN OIL INC.		O. C. D. REGIONAL OFFICE		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-1810		3a. AREA CODE & PHONE NO. 915-688-6906		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 P, 690' FSL & 660' FEL				8. FARM OR LEASE NAME PECOS FEDERAL	
				9. WELL NO. 1Y	
				10. FIELD AND POOL, OR WILDCAT BRUSHY DRAW DELAWARE	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 27, T-26-S, R-29-E	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2882' GR		12. COUNTY OR PARISH EDDY	
				13. STATE N.M.	

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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <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) <input type="checkbox"/>	
(Other) COMMINGLE UPPER & LOWER ZONES <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.)*

PROPOSED WORK: DRILL OUT CIBP AT 3350' AND PRODUCE THE BELL CANYON DELAWARE (2948'-3018') AND THE CHERRY CANYON DELAWARE (4923'-5009') COMMINGLING THE UPPER AND LOWER ZONES.

RIH W/ROCK BIT ON SANDLINE TO CIBP AT 3350' AND KNOCK DOWN CIBP TO 5200'. RIH W/ 2-3/8" TBG TO 5010' ±. LOAD HOLE W/2% KCL IF FLUID LEVEL IS BELOW 2500'. SPOT 110 GALLONS (2 DRUMS) OF TRETOLITE PA0104F (PARAFFIN DISSOLUTION AND SUSPENSION). PU TO 3020' ± AND SPOT 110 GALLONS OF PA0104F. RIH TO 5000' ± WITH PRODUCTION TUBING, RODS AND INSERT PUMP. RESTORE WELL TO PRODUCTION.

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

SIGNED <u>Maria L. Perez</u>	TITLE <u>PRODUCTION ASST.</u>	DATE <u>4-30-92</u>
(This space for Federal or State office use)		
APPROVED BY <u>David R. Glass</u>	TITLE <u></u>	DATE <u>5-15-92</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

MERIDIAN OIL
PECOS FED. NO. 1-Y
BRUSHY DRAW (DELAWARE) FIELD
EDDY COUNTY, NEW MEXICO

JMS 3/28/92

KB=2891'
GL=2882'

