

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

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | DEC 7 '90 | | 5. LEASE DESIGNATION AND SERIAL NO. NM-58034 |
| 2. NAME OF OPERATOR Meridian Oil Inc. | | 3a. AREA CODE & PHONE NO. 915-686-5600 | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR 21 Desta Dr., Midland, TX 79705 | | 3b. AREA CODE & PHONE NO. 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 860' FSL & 2180' FWL | | 10. FIELD AND POOL, OR WILDCAT Brushy Draw (Delaware) | | 8. FARM OR LEASE NAME Pecos Federal |
| 14. PERMIT NO. | | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2869' GR. | | 9. WELL NO. 4 |
| | | | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T26S, R29E |
| | | 12. COUNTY OR PARISH Eddy | | 13. STATE NM |

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) | <input type="checkbox"/> |
| (Other) Add More Delaware Pay | <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.)*

Recomplete to add more Delaware pay (procedure and well bore diagrams attached).

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

SIGNED Robert C. Bradshaw TITLE Sr. Staff Env./Reg. Spec. DATE 05 December 1990

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**