

Form 3160-5  
(June 1990)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well

Oil Well  Gas Well  Other

2. Name of Operator

MERIDIAN OIL INC. Southland Royalty Co.

3. Address and Telephone No.

P.O. BOX 51810 MIDLAND, TEXAS 79710-1810 915-688-6800

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SECTION: 27 and 21

T-18-S, R-33-E

5. Lease Designation and Serial No.

LC069420

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

FEDERAL MA #4

9. API Well No.

30-025-30950

10. Field and Pool, or Exploratory Area

SOUTH CORBIN FIELD

11. County or Parish, State

LEA, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

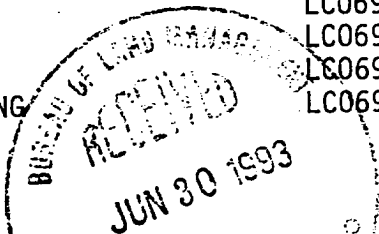
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <b>REQUEST FOR EXTENSION</b>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

AS PER CONVERSATION OF 6/16/93, REQUEST FOR THREE (3) YEAR EXTENSION DUE TO CONTINUED WORK ON LEASE:

WELL NO	PRODUCING FORMATION	LEASE NO	SECTION	AVG WATER PRODUCED/PD/LE
1	STRAWN	LC069420	27	
3	BONE SPRING	LC069420	27	
4	WOLFCAMP	LC069420	21	
6	DELAWARE	LC069420	21	
7	DELAWARE	LC069420	21	
8	WOLFCAMP	LC069420	21	
9	WOLFCAMP	LC069420	21	
2 COM	BONE SPRING	LC069420	21	



1.4 BOWPD

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

Signed

*David R. Glass*

Title

PRODUCTION ASSISTANT

Date

6/17/93

(This space for Federal or State office use)

Approved by (ORIG. SGD) DAVID R. GLASS

Title

PETROLEUM ENGINEER

Date

6/17/93

Conditions of approval, if any: