

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

5. Lease Designation and Serial No.

LC 030174-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

MERIDIAN OIL INC.

3. Address and Telephone No.

P.O. Box 51810 Midland, TX 79710

915-688-6943

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

1140 1448' FNL & 660' FEL

SEC. 22, T26S, R37E

8. Well Name and No. RHODES A

3

9. API Well No.

30-025-32168

10. Field and Pool, or Exploratory Area

RHODES YTS, 7RVRS

11. County or Parish, State

LEA COUNTY, NM

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

TYPE OF SUBMISSION

- Notice of Intent
 Subsequent Report
 Final Abandonment Notice

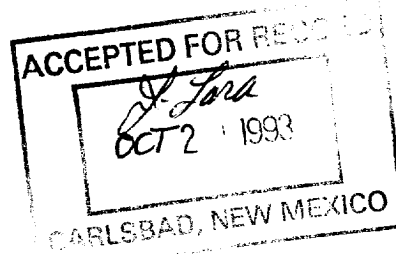
TYPE OF ACTION

- Abandonment
 Recompletion
 Plugging Back
 Casing Repair
 Altering Casing
 Other SPUD AND SET SURFACE CASING
 Change of Plans
 New Construction
 Non-Routine Fracturing
 Water Shut-Off
 Conversion to Injection
 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.)*

8/18/93: SPUD. DRLD 12 1/4" HOLE TO 400'. RAN 10 JTS 8 5/8" 28# K-55 BTC CSG. SET AT 400'. USED 4 CENTRALIZERS. CMTD W/300 SXS 'C' W/2% CACL2 & 0.225 PPS CELLO-SEAL. WOC 18 HOURS. BMPED PLUG TO 500 PSI FOR 30 MINUTES. OK



OCT 1 1993
OCT 2 1993
OCT 3 1993

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

Signed

Donna Williams
DONNA WILLIAMS

Title PRODUCTION ASSISTANT

Date

10/1/93

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: