

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Alamosa, NM 86210

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 formation. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR: Meridian Oil Inc.

3. ADDRESS OF OPERATOR: 21 Desta Drive, Midland, Texas 79705

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface: 990' FNL & 2310 FNL, Sec. 35, T-19-S, R-29-E

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3315' GR

5. LEASE DESIGNATION AND SERIAL NO.
NM-61582

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Apache "A" Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Parkway (Delaware)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 35, T-19-S, R-29-E

12. COUNTY OR PARISH 13. STATE
Eddy NM

RECEIVED

APR 26 '89

O. C. D.
ARTESIA, OFFICE

18. 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) <u>cmt 8 5/8" csg</u> <input checked="" type="checkbox"/>	

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.)

04/18/89 8 5/8" csg set @ 3200'; DV Tool, @ 1183'

1st Stage: Cmt w/400 sx Class "C" + 8% D-20 + 2% CaCl₂ 200 sx Class "C" + 2% CaCl₂. Plug down @ 10:45 a.m. on 04/18/89.

2nd Stage: 900 sx Class "C" + 8% D-20 + 2% S-1 200 sx Class "C" + 2% S-1. Plug Down @ 6:50 a.m. on 04/19/89. No returns. SI 4 hours. Survey TOC @ 1710. 1" w/1000 BBL Class "C". Circ. 25 sx to pit.

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

SIGNED [Signature] TITLE Supervisor DATE 04/20/89

(This space for Federal or State office use)

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

APR 25 1989

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO