

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
SUNDRY NOTICES AND REPORTS ON WELLS

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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

157

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.  
2

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

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

12. COUNTY OR PARISH  
Eddy

13. STATE  
NM

(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  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 & 1980' FEL Sec. 35, T-19-S, R-29-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3314' G.L.

APR 26 89

J. C. D.  
MESIA, OFFER

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) <u>Cmt 8-5/8" &amp; 5-1/2" csgs.</u> <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.)\*

04/08/89 - Set 8-5/8" csg @ 3210'. Cmt: 1st Stage - 10 bbl FW, 10 bbl CW-100, 400 sx Class "C", 8% gel, 2% CaCl<sub>2</sub>. 200 sx Class "C" & 2% CaCl<sub>2</sub>. B.P. @ 1:45 p.m., inflate pkr.  
2nd Stage: 2 bbl FW, 10 bbl CW-100, 900 sx Class "C", 8% gel, 2% CaCl<sub>2</sub>. 200 sx Class "C" w/2% CaCl<sub>2</sub>

04/09/89 - 1st Stage - 1" @ 390': 400 sx Class "C" w/3% CaCl<sub>2</sub>  
Tag cmt @ 375'- 25' of fill on 1st Stage. Pump 2nd Stage of 100 sx Class "C" w/3% CaCl<sub>2</sub> - no fill. Pump 3rd Stage of 100 sx Class "C" w/3% CaCl<sub>2</sub> - Circ 5 sx to surface.

04/12/89 - Set 5-1/2" csg @ 4550'. Cmt w/10 bbls mud flush, 500 sx Class "C" w/5# salt/sx. P.D. @ 10:50 a.m.

18. I hereby certify that the foregoing is true and correct  
SIGNED Robert L. Bradshaw TITLE Sr. Staff Env./Reg. Spec. DATE 04/13/89

(This space for Federal or State office use)  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
APR 21 1989

\*See Instructions on Reverse Side

SJS  
CARLSBAD, NEW MEXICO