

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Albuquerque, NM 88210

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

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 ☐ GAS WELL ☒ OTHER ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Meridian Oil Inc.	8. FARM OR LEASE NAME Cannonball Federal
3. ADDRESS OF OPERATOR 21 Desta Drive Midland, Texas 79705	9. WELL NO. 1
10. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1060' FSL & 2180' FWL, Sec. 7, T-14-S, R-28-E	10. FIELD AND POOL, OR WILDCAT Wildcat (Atoka)
11. SEC., T., R., M., OR S.W. AND SURVEY OR AREA Sec. 7, T-14-S, R-28-E	12. COUNTY OR PARISH Chaves
13. STATE NM	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) Set 13-3/8" csg. ☒	
(Other) ☐		(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.)*

Set 13-3/8" H-40, 48#, STC 8 rd. csg. @ 314'. Cmt. w/325 sx. Cl. "C" w/2% CaCl and 1/4# Flocele/sx. PD @ 8:00 A.M. 12/27/88. Cmt. circ 60 sx. 18 hrs. WOC. Tested csg. to 1000#. Held OK.

18. I hereby certify that the foregoing is true and correct
SIGNED Connie M. Brubaker TITLE Operations Tech III DATE 12-28-88

(This space for Federal or State office use)

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

APPROVED
DATE
PETER W. CHESTER

JAN 31 1989

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA