

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*
(Other instructions on re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM - 28098

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "9"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

N. Shugart

11. SEC., T., R., M., OR BLK. AND
SUBVY OR AREA

9-18S-31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Meridian Oil Inc.

3. ADDRESS OF OPERATOR
P. O. Box 51810, Midland, Texas 79710

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit D - NWNW

410/N 850/W

RECEIVED

OCT - 9 1991

14. PERMIT NO.
30-015-25840

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2709 GR

O. C. D.
ARTESIA OFFICE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

Change of Operator

(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.)*

New Operator Effective Date: 10-1-91

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

SIGNED

[Signature]

TITLE

Prod. Asst.

DATE

10-1-91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side