

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse
side)

BLM Roswell District
Modified Form No.
NM060-3160-4

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR MERIDIAN OIL INC		8. FARM OR LEASE NAME CAVINESS FEDERAL	
3. ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-1810	3a. AREA CODE & PHONE NO. (915)688-6943	9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface N, 1980' FWL & 660' FSL		10. FIELD AND POOL, OR WILDCAT MESCALERO ESCRP (BN SRG)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 11, T18S, R33E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3988' GR	12. COUNTY OR PARISH LEA	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐

PULL OR ALTER CASING

☐

FRACTURE TREAT

☒

MULTIPLE COMPLETE

☐

SHOOT OR ACIDIZE

☐

ABANDON*

☐

REPAIR WELL

☐

CHANGE PLANS

☐

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐

REPAIRING WELL

☐

FRACTURE TREATMENT

☐

ALTERING CASING

☐

SHOOTING OR ACIDIZING

☐

ABANDONMENT*

☐

(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.)*

CLN OUT PARAFFIN, ADD BONE SPRING PAY & ACIDIZE.

MIRSU. LOAD TBG W/ LEASE OIL. HOT OIL DN CSG. BLOW WELL DN. RIH W/ BIT & TAG @ +/-8690'. LOAD HOLE W/2% KCL WTR. CLEAN TO +/-8750'. PERF 8320-40'. SPOT 100 GALS OF 20% HCL @ +/-8340'. PUMP ACID. TST ANNULUS. SWAB. RUN 2 7/8" TBG & PUMP. TURN TO PRODUCTION.

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

SIGNED

Kerran Scholes

TITLE

PRODUCTION ASST

DATE

03/31/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

4-14-92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side