

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

FORM APPROVED
Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

MERIDIAN OIL INC.

3. Address and Telephone No.

P.O. Box 51810 Midland, TX 79710

915-688-6906

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

M, 660' FSL & 660' FWL OF SEC. 11, T-18-S, R-33-E

5. Lease Designation and Serial No.

NM-30398

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No. CAVINESS

FEDERAL NO. 3

9. API Well No.

30-025-29637

10. Field and Pool, or Exploratory Area

MESCALERO ESCARPE BONE

11. County or Parish, State SPRING
LEA

NEW MEXICO

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other ACID STIMULATION
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

1. MIRU acid stimulation company. Shutdown ESP.
2. Pump 500 gallons of 15% HCL down backside. Flush to bottom with 2% KCL. Shut well in for 1 hour.
3. Pump 250 gallons of 15% HCL down tubing. Flush through ESP with 2% KCL.
4. Place well back on production. Report production volumes to Midland office for 30 days.

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

Signed Maria L. Perez MARIA L. PEREZ

Title PRODUCTION ASST.

Date 2-15-94

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title Petroleum Engineer

Date 2/28/93

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side