

Form 3160-5  
(July 1989)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

U. S. M. OIL CONDS. COMMISSION  
P. O. BOX 1000  
HOBBS, NEW MEXICO 88240  
RECEIVED  
MAY 16 1993

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

5. LEASE DESIGNATION AND SERIAL NO.  
**NM30398**

6. 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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

**Meridian Oil Inc.**

3. ADDRESS OF OPERATOR

**P.O. Box 51810, Midland, TX 79710-1810**

3a. AREA CODE & PHONE NO.

**915-688-6800**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

**Sec. 11, T18S, R33E  
660' FSL & 660' FWL**

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

**Caviness Federal**

9. WELL NO.

**3**

10. FIELD AND POOL, OR WILDCAT

**Mescalero Escapote Bs.**

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.)

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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input 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.)\*

1. MIRU pulling unit. Kill well with 2% KCl water containing 2 gpt of TFA-380B (Surfactant) from Dowell. ND wellhead. NU BOP. POH with production tubing and submersible pump.

2. RIH with PCT and 2 7/8" tubing to the top set of perfs at 8679' to 8704'. NU BIW stripper head and enough chicksans and steel line necessary for tool movement across the perforated intervals.

3. MIRU stimulation company. NU surface lines and test to 4000 psi. Monitor the 2 7/8" X 5 1/2" annulus. Pump the following volumes of AE aromatic followed by Pentol 250 (15% NEFe HCl acid) across the various perforation intervals:

Perfs	AE Aromatic Vol.	Pentol 250 Vol.
8679-8704'	625 gals.	2500 gals.
8710-8734'	600 gals.	2400 gals.
8775-8800'	625 gals.	2500 gals.

Reciprocate the PCT across the perforations while pumping both fluids. Flush with 2% KCl water containing 2 gpt of TFA-380B or Acid Engineering's equivalent.

Anticipated Treating Rate = 2 BPM  
Anticipated Treating Pressure = 1000 psi  
Maximum Annular Pressure = 1500 psi  
Maximum Treating Pressure = 3900 psi

POH with tubing. RDMO stimulation company.

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

SIGNED

*[Signature]*

TITLE

**Production Assistant**

DATE

**5-17-93**

(This space for Federal or State office use)

**PRODUCTION ENGINEER**

APPROVED BY

**ORIG. SCD. J. G. LARA**

TITLE

DATE

**JUN 16 1993**

CONDITIONS OF APPROVAL, IF ANY:

**\*See Instructions on Reverse Side**

RECEIVED

JUN 18 1993

U.S. DEPT. OF JUSTICE

FBI