

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NM-30398
2. NAME OF OPERATOR Meridian Oil Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 21 Desta Drive, Midland, Texas 79705	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below) At surface 660' FSL & 660' FWL, Sec. 11, T-18-S, R-33-E	8. FARM OR LEASE NAME Caviness Federal
14. PERMIT NO.	9. WELL NO. 3
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3980' GR	10. FIELD AND POOL OR WILDCAT Mescalero Escarpe (Bone Spr)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-18-S, R-33-E
	12. COUNTY OR PARISH Lea
	13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATERS SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	Set 8 5/8" csg		

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. (Liberal state all pertinent details, and give pertinent dates, including estimated date of starting and 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 8 5/8" 28# csg @ 3100'. Cmt w/1150 sx C1 "C" Pace-setter Lite & tailed in with 200 sx C1 "C". PD @ 2:00 AM 4-9-87. Cmt circ 250 sx. WOC 16 hrs. Tested csg to 500#. Held OK.

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

SIGNED Michael Lopez

TITLE Engineering Tech III

DATE 4/10/87

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

APR 13 1987

*See Instructions on Reverse Side

ARLISBAD, NEW MEXICO

RECEIVED
APR 1 1987
925
HOMES OFFICE