

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

NM-30398

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Caviness Federal

9. WELL NO.

5Y

10. FIELD AND POOL OR WILDCAT

Mescalero Escarpe (Bone Spr)

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

Sec. 10, T-18-S, R-33-E

12. COUNTY OR PARISH

Lea

13. STATE
N.M.

1. OIL ☒ GAS ☐ OTHER ☐
WELL WELL

2. NAME OF OPERATOR
Meridian Oil Inc.

3. ADDRESS OF OPERATOR
21 Desta Drive, Midland, Texas 79705

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

660' FSL & 610' FEL, Sec. 10, T-18-S, R-33-E

14. PERMIT NO

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

3976.9' GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☒
(Other) Set 5 1/2" prod csg.

(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.)*

Set 5 1/2" 17# & 15.50# csg @ 9000'. Cmt 1st stage w/750 sx C1 "H". PD 1st stage @ 7:00 AM 8/8/87. Open DV tool @ 6500'. Circ 4 hrs. Cmt circ from DV tool 150 sx. Cmt 2nd stage w/1225 sx 50-50 Poz. Tailed in w/100 sx C1 "H". PD @ 12:45 PM. Rlsd rig @ 7:00 PM 8/8/87.

ACCEPTED - OCT 10 1987

NOV 1 1987

SJS

NOV 1 1987

RECEIVED
AUG 12 11 03 AM '87
CARPENTERS
AREA 1000

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

SIGNED Cherry Piche

TITLE Operations Tech III

DATE 8/10/87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side