

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-1
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 BLE. AND
SURVEY OR AREA

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

12. COUNTY OR PARISH 13. STATE

Lea

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

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Set 8 5/8" csg

(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.)*

Set 8 5/8" 24 & 28# csg @ 3108'. Cmt w/1100 sx Pace setter lite followed by 200 sx C1 "C". PD @ 8:30 PM 7/20/87. Circ 95 sx cmt to pit. Floats held OK. Tested csg to 1000# Held OK. WOC 18 hrs.

ACCEPTED FOR DEPOSIT

JUL 21 1987

SJS

CARLETON NATIONAL FOREST

JUL 22 11 15 AM '87
CARLETON NATIONAL FOREST
AREA INDEPENDENT

RECEIVED

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

SIGNED

TITLE Operations Tech III

DATE 7/21/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side