

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 13. STATE

Lea

N.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
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:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) Set 13 3/8" 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.)*

Drilled 17 1/2" hole to 357'. Set 13 3/8" 54.50# csg @ 357'. Cmt w/400 sx C1 "C". PD @ 1:00 AM 7-15-87. Circ 50 sxs. WOC 18 hrs. Test csg to 500#. Held OK.

RECEIVED

JUL 20 8 20 AM '87

CARLSON RESOURCE
AREAS QUARTERS

ACCEPTED FOR RECORD

JUL 20 1987

RECEIVED BY NEW MEXICO

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

SIGNED

TITLE

Operations Tech III

DATE

7/16/87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side