

N. M. OIL CONS. COMMISS Y
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

LC069420

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 reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
MERIDIAN OIL INC.

3. Address and Telephone No.
P.O. BOX 51810 MIDLAND, TEXAS 79710-1810 915-688-6800

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SECTION: 27 and 21

T-18-S, R-33-E

Unit C

7. If Unit or CA, Agreement Designation

8. Well Name and No.

FEDERAL MA

#3

9. API Well No.

30-025-30244

10. Field and Pool, or Exploratory Area

SOUTH CORBIN FIELD

11. County or Parish, State

LEA, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☒ Altering Casing
☒ Other REQUEST FOR EXTENSION
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

AS PER CONVERSATION OF 6/16/93, REQUEST FOR THREE (3) YEAR EXTENSION DUE TO CONTINUED WORK ON LEASE:

WELL NO	PRODUCING FORMATION	LEASE NO	SECTION	AVG WATER PRODUCED/PD/LEAS
1	STRAWN	LC069420	27	
3	BONE SPRING	LC069420	27	
4	WOLFCAMP	LC069420	21	
6	DELAWARE	LC069420	21	
7	DELAWARE	LC069420	21	
8	WOLFCAMP	LC069420	21	
9	WOLFCAMP	LC069420	21	
2 COM	BONE SPRING	LC069420	21	

1.4 BOWPD

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

Signed

Title PRODUCTION ASSISTANT

Date 6/17/93

(This space for Federal or State office use)

Approved by (ORIG. SGD) DAVID R. GLASS

Title

Date

Conditions of approval, if any:

