

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NEW MEXICO

Budget Bureau No. 1004-  
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL  
NM-30398

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 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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Meridian Oil Inc.	8. FARM OR LEASE NAME Caviness Federal
3. ADDRESS OF OPERATOR 21 Desta Drive, Midland, Texas 79705	9. WELL NO. 6
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below) At surface 990' FNL & 2310' FWL, Sec. 11, T-18-S, R-33-E	10. FIELD AND POOL OR WILDCAT Mescalero Escarpe (Bone Spr)
14. PERMIT NO	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-18-S, R-33-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4038' GR	12. COUNTY OR PARISH Lea
	13. STATE N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(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. Fully 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" 32# & 24# csg @ 3099.62'. Cmt w/1100 sx. C1 "C" Lite. Tailed in w/200 sx. C1 "C". Circ 44 sx to pit. PD @ 9:15 PM 3/7/88. WOC 18 hrs. Tested to 1000#. Held OK.

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

SIGNED

*Clifford A. Baker*

TITLE

Operations Tech III

DATE

3/8/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

SJS