

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N. M. OIL CONS. COMMISSION  
P. O. BOX 1020  
HOBBS, NEW MEXICO 88240

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

**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. Southland Royalty Co.

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: 21 2007/N & 2124/W

T-18-S, R-33-E

Unit F

5. Lease Designation and Serial No.

NM0997 61605

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

FEDERAL 21 No. 3

9. API Well No.

30-025-30690

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 TWO (2) YEAR EXTENSION to submit facility design and water disposal  
ON LEASE: THREE (3) YEAR EXTENSION DUE TO CONTINUED WORK

WELL NO	PRODUCING FORMATION	LEASE NO	SECTION	AVG WATER PRODUCED/PD/LEAS
2	WOLFCAMP	NM0997	21	
③	WOLFCAMP	NM0997	21	
4	DELAWARE	NM0997	21	
1-COM	BONE SPRING	NM0997	21	

6.25 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)

(ORIG. SUB. JOE R. LEE)

Approved by

Title

Date

Conditions of approval, if any:

