

Form 3160-5  
(July 1989)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on reverse  
side)

BLM Roswell District  
Modified Form No.  
NM060-3160-4

**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 Bondurant Fed.	
3. ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-1810		3a. AREA CODE & PHONE NO. 915-686-5681	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 580' FNL & 330' FEL <i>unit A</i>		10. FIELD AND POOL, OR WILDCAT <i>Deerose</i>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T19S, R32E	
14. PERMIT NO. <i>30025-31218</i>	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3697' GR.		12. COUNTY OR PARISH Lea
		13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	<input type="checkbox"/>

(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.)

Drill to TD of 4600'. *450'*  
Set 8-5/8" surface casing at *400'*. Cmt with 300 sx. Cl. C. 2% CaCl<sub>2</sub>. Circulate to surface. Cut off csg.  
Set 5-1/2" production casing to 4600'. Cmt with 1000 sx. Cl. C.Lite + 9#/sx salt. Tail with  
300 sx. Cl. C. + 5#/sx salt. Circulate.

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

SIGNED

*Eric H. Kirk*

TITLE

Reg. Compliance Rep.

DATE

6/26/91

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*Eric H. Kirk*

DATE

6-28-91

\*See Instructions on Reverse Side