

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

5. LEASE DESIGNATION AND SERIAL NO.
NM-12568A

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 plug back to a different reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Meridian Oil Inc.

3. ADDRESS OF OPERATOR

P.O. Box 51810, Midland, TX 79710-1810

3a. AREA CODE & PHONE NO.

915/688-6898

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

1650' FNL & 1900' FEL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bondurant Federal

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Buffalo (Yates)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 1, T19S, R32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3694.0' 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"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) **Spud & Set Csg.**

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" 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.)*

Spud well 8/12/91

8/12/91 - Set 8-5/8", 28# @ 606'. Cmt w/400 sx Cl C + 2% CaCl. Circ 105 sx to pit.

8-18/91 - Set 5-1/2", 15.5# @ 3740'. Cmt w/800 sx Cl C Lite + 6% gel and 300 sx Cl C Neat.

TD - 3740'

PBTD - 3680'.

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

SIGNED

Chris M. Hall

TITLE

Regulatory Compliance Rep

DATE

9/9/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**

SEP 24 1941

64-1385-1000