

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

M. OIL CONS. COMMISSION  
P.O. BOX 1980  
HOBBS, NEW MEXICO 88240  
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.

3. Address and Telephone No.

P.O. Box 51810, Midland, TX 79710-1810 915-688-6943

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec. 8 T18S, R32E  
660' FNL & 1980' FWL

5. Lease Designation and Serial No.

NM18232

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Federal AM 2

9. API Well No.

30-025-30581

10. Field and Pool, or exploratory Area

Young BS

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 STATUS
- ☐ 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.)\*

Apparently this well has a high GOR due to being in a high gas cap zone. This lease as a whole does not qualify for the reduced royalty system and therefore, under the current pricing structure, both oil and gas, it is not economical to produce. Request continued shut in status.

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

Signed

Title REGULATORY ASSISTANT

Date 7/5/95

(This space for Federal or State office use)

Approved by

(ORIG. SCD.) JOE G. LARA

Title

PETROLEUM ENGINEER

Date

8/2/95

Conditions of approval, if any:

See attached. Tests to be performed within 30 days

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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CONGRESS

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U.S. GOVERNMENT  
PRINTING OFFICE

(Rev: 1/12/95)

BUREAU OF LAND MANAGEMENT  
CARLSBAD RESOURCE AREA

Temporary Abandonment of Wells on Federal Lands

Conditions of Approval

Temporary Abandonment (TA) status approval requires: A) Successful Casing Integrity Test and, B) Successful Bradenhead Test.

Any temporary abandonment request must be submitted on a Sundry Notice (Form 3160-5), one (1) original signature and five (5) copies, and include the following:

1. Justification why the well should be temporarily abandoned rather than permanently plugged and abandoned.
2. Description of the temporary abandonment procedure.
3. A complete wellbore diagram shown as temporarily abandoned.
4. The anticipated date the operations will occur.

Contact the appropriate BLM office at least 48 hours prior to the scheduled Casing Integrity and the Bradenhead Tests. For wells in Eddy County call (505) 887-6544 ; for wells in Lea County call (505) 393-3612.

A) Casing Integrity Test for TA:

1. Install an isolation device (such as a retainer or bridge plug) within 50' to 100' of the top perforation or cement plug that extends at least 50' above each set of open perforations. Unless prior approval is granted by the Authorized Officer, fill the well bore with conditioned, non-corrosive fluid and shut-in at the surface. If a cement plug is used, the top of the cement must be verified by tagging. If the wellbore had more than one producing horizon, the lower set(s) of perforations or open hole must meet the requirements for permanent plug to abandonment, unless justification is provided by the operator not to do so.

2. A test demonstrating casing mechanical integrity is required. An approved method is a pressure test of the casing and uppermost plug. The pressure test conducted shall be a minimum of 500 psi surface pressure with less than 10 percent pressure drop within thirty (30) minutes. In no event shall the pressure test required exceed seventy (70) percent of the internal yield of the casing. In the case of an unsuccessful test, the operator shall either correct the problem or plan to plug and abandon the well. Alternative methods demonstrating casing mechanical integrity may be approved by the Authorized Officer on a case-by-case basis.

B) Bradenhead Test for TA:

1. Record the pressure measured on each casing string, including intermediate casing, using deadweight or calibrated pressure gauge.

2. Open the bradenhead valve to the atmosphere. If gas or water flow is observed or indicated, flow the bradenhead for a minimum of fifteen (15) minutes and record pressures at five (5) minute intervals on the production, intermediate and surface casing. Describe in detail any fluids flowing from the bradenhead including measured or estimated rates of flow. A water and/or gas analysis may be required.

Wells that successfully pass the casing integrity test and the bradenhead test will be approved for Temporary Abandonment (TA) status for 12 months provided that the operator:

1. Submits within thirty (30) days a subsequent Sundry Notice (one (1) original signature and five (5) copies) requesting TA approval,

2. Attaches a clear copy or the original of the pressure test charts,

If the well does not pass the casing integrity test and/or the bradenhead test, then the operator shall within 90 days submit to BLM for approval one of the following:

1. A procedure to repair the casing so that a TA approval can be granted.
2. A procedure to plug and abandon the well.

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

**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, TX 79710

915-688-6943

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

NE/NW OF SEC. 8, T18S, R32E

1980' FWL & 660' FNL

5. Lease Designation and Serial No.

NM18232

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No. FEDERAL AM

# 2

9. API Well No.

30-025-3058100

10. Field and Pool, or Exploratory Area

NORTH YOUNG BONE SPRING

11. County or Parish, State

LEA COUNTY, 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 STATUS  
☐ 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.)\*  
PRODUCTIVE BUT HAS HIGH GOR CAUSING ALLOWABLE PROBLEMS. BEING EVALUATED FOR POSSIBLE FIRST BONE SPRING SAND RECOMPLETION OR GAS CAP BLOWDOWN.

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

Signed Donna Williams

Title PRODUCTION ASSISTANT

Date 1/7/94

(This space for Federal or State office use)

Approved by (ORIG. SGD.) JOE G. LARA  
Conditions of approval, if any:

Title Petroleum Engineer

Date 1/28/94

RECEIVED

Form 3160-5  
(June 1990)

APR 28 9 44 AM '93

N. M. OR COM. COM. STION  
P. O. BOX 1900  
HOBBS, NEW MEXICO 88240UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM 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.

## 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)

C, 1930 FWL & 660 FNL  
Sec. 8, T-18-S, R-32-E

## 5. Lease Designation and Serial No.

NM 18232

## 6. If Indian, Allottee or Tribe Name

## 7. If Unit or CA, Agreement Designation

## 8. Well Name and No.

FEDERAL AM NO. 2

## 9. API Well No.

30-025-30581

## 10. Field and Pool, or Exploratory Area

NORTH YOUNG (BONE SPRING)

## 11. County or Parish, State

LEA

## 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 SI STATUS

☐ 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.)\*

WE ARE SUBMITTING THIS REQUEST FOR SI STATUS.

PREVIOUS REQUEST GRANTED 5/7/92. EXPIRED 9/30/92.

WELL WAS DRILLED IN 1990. WELL HAS BEEN SI SINCE JUNE 1990. GOR TOO HIGH - WE ARE IN A GAS CAP ZONE. PENDING EVALUATION.

APPROVED FOR 12 MONTH PERIODENDING 9/30/93

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

Signed

Title PRODUCTION ASSISTANT

Date 4/27/93

(This space for Federal or State office use)

Approved by

(DRG. SGD.) JOE G. LARA

Title

PETROLEUM ENGINEER

Date

JUN 4 1993

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

100-100000

100

100-100000  
100-100000

JUN 10 1993

COD HOBBS OFFICE

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

5. LEASE DESIGNATION AND SERIAL NO.  
NM-18232

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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		8. FARM OR LEASE NAME Federal "AM"	
3. ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-1810		9. WELL NO. 2	
3a. AREA CODE & PHONE NO. (915)688-6943		10. FIELD AND POOL, OR WILDCAT North Young (Bone Spring)	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface - C, 1980' FWL & 660' FNL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 8, T-18-S, R-32-E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3802' 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 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) Request SI Status	<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.)\*

Per BLM request, we are submitting this request for SI status.

Well was drilled in 1990. Well has been SI since June 1990. GOR too high - we are in a gas cap zone. Now evaluating for possible re-completion to another zone or plug & abandon.

APPROVED FOR 6 MONTH PERIOD

ENDING 9/30/92

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

SIGNED

Rorann Schale

TITLE

Production Asst

DATE

04/07/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

5/7/92

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED  
MAY 11 1992  
OLD MOBILE CTR