

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N. M. OIL CORP. COMMISSION  
SUBMIT IN DUPLICATE  
(Other instructions on reverse side)  
HOBBS, NEW MEXICO 88240

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-18232
2. NAME OF OPERATOR Meridian Oil Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 21 Desta Drive, Midland, Texas 79705		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FWL & 660' FNL Sec. 8, T-18-S, R-32-E		8. FARM OR LEASE NAME Federal "AM"
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3802' GR		10. FIELD AND POOL, OR WILDCAT North Young (Bone Spring)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T-18-S, R-32-E
		12. COUNTY OR PARISH Lea
		13. STATE NM

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) CMT 5 1/2" CSG	(Other) <input checked="" type="checkbox"/>
(Other) <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.)\*

5 1/2" Weatherford D.V. Tool @ 1881'. Set 5 1/2" 15.5# K-55 STC 8 RD CSG @ 8900'

CMT First Stage w/ 540sx Cl. "H" w/3% KCl + 0.2% A-2, 0.8% FL-20, 0.2% R-3.  
P.D. @ 3:00 a.m. 5/10/89. Open D.V. Tool. Circ. 60 sx CMT for 6 hrs.

CMT Second Stage w/1100 sx Cl. "H" lite w/0.4% FL-20. T.E.W. 150 sx Cl. "H" Neat.  
P. D. @ 10:15 a.m. 5/10/89.

ACCEPTED FOR RECORD

MAY 30 1989

CARLSBAD, NEW MEXICO

RECEIVED

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

SIGNED Robert Bradshaw

TITLE Sr. Staff Env/Reg Specialist DATE May 11, 1989

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side