

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

E*
re

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-40448

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "AF"

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

North Young (Wolfcamp)

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

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Meridian Oil Inc.

3. ADDRESS OF OPERATOR

21 Desta Drive, Midland, Texas 79705

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.)

At surface

560' FSL & 1880' FWL, Sec. 8, T-18-S, R-32-E

Unit N

14. PERMIT NO.

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

3772' GL

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Cmt. 5 1/2" Csg.

(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.)*

Stage Collar @ 7506'

Cmt. 1st Stage w/ 1000 gal. Flowguard & 810 sx Cl "H" plus 3% KCl, 0.2% A-2, 1% FL-20, & 0.2% R-3. Open stage collar & circ. 6 hrs. Rec'd 110 sx Cmt.

Cmt. 2nd Stage w/ 655 sx fumed silica Cl "H" followed by 385 sx of 1st stage slurry. Plug down @ 7:50 p.m. Stage collar not holding. SI w/ 1300 Psi for 4 hrs.

RECEIVED
JUN 10 1989
BUREAU OF LAND MANAGEMENT
U.S. DEPARTMENT OF THE INTERIOR

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

SIGNED

Robert L. Bradshaw

TITLE

Sr. Staff Env./Reg. Spec.

DATE

June 7, 1989

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

*See Instructions on Reverse Side

SJS

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. OIL & GAS COMMISSION
P. O. BOX 1004-0135
SUNDT, N. M.
SUBMIT IN DUPLICATE*
(Other instructions on reverse side)

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"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Meridian Oil Inc.		8. FARM OR LEASE NAME Federal "AF"
3. ADDRESS OF OPERATOR 21 Desta Drive, Midland, Texas 79705		9. WELL NO. 2
1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 560' FSL & 1880' FWL. Sec. 8, T-18-S, R-32-E <i>Unit N</i>		10. FIELD AND POOL, OR WILDCAT North Young (Wolfcamp) <i>Wildcat</i>
14. PERMIT NO.		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 8, T-18-S, R-32-E
15. ELEVATIONS (Show whether DP, RT, CR, etc.) 3772' GL		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:		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. 13 3/8" & 8 5/8" Csg. <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.) *

5/12/89 Set 13 3/8" Csg. @ 406'. Cmt. w/ 425 sx Cl. "C" w/ 2% CaCl₂.
P.D. @ 7:30 a.m. 5/12/89. Circ. 75 sx.

5/16/89 Set 8 5/8" Csg. @ 2805'. Cmt. w/ 1200 sx B. J. Lite "C".
T. E. w/ 250 sx Cl "C" w/ 2% Ca Cl₂. P.D. @ 1:15 a.m. 5/16/89.
Circ. 125 sx.

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

SIGNED

Robert L. Bradshaw

TITLE Sr. Staff Env./Reg. Spec.

DATE 5/22/89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

SJS