

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-56745	
2. NAME OF OPERATOR Meridian Oil Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 21 Desta Dr., Midland, TX 79705		7. UNIT AGREEMENT NAME Shinnery Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FNL & 2310' FWL Sec. 13, T18S, R32E		8. FARM OR LEASE NAME Shinnery Federal	
3a. AREA CODE & PHONE NO. 915/686-5600		9. WELL NO. 5	
10. FIELD AND POOL, OR WILDCAT Querecho Pl. (Delaware)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T18S, R32E	
14. PERMIT NO. Approved 12/20/89	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3845' GR.	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) Abandon the B.S. & Massive Dela. <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.)*

Abandon the Bone Spring. Set 5 1/2" CIBP @ 6950' and cap w/35' of cmt.
Abandon (Massive) Delaware. Set 5 1/2" CIBP @ 6300' & @ 5400'. (Note: Unable to pump thru squeeze holes @ 5300'--TOC @ 2720'.)
Perf. & stimulate the (Corbin) Delaware for production.

THIS IS AN AMENDED SUNDRY NOTICE TO REPLACE THE NOTICE DATED 24 APRIL 1990.

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

SIGNED Robert L. Bradshaw

TITLE

Sr. Staff Env./Reg. Spec.

DATE

03 May 1990

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**