Form 3160-5 (June 1990)	Olili DD Olili DD				FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.
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					6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE					7. If Unit or CA, Agreement Designation
1. Type of Well Oil Well X Well Other 2. Name of Operator					8. Well Name and No. BRITT # 4
MERIDIAN OIL INC. 3. Address and Telephone No.					9. API Well No.
P.O. Box 51810 Midland, TX 79710 915-688-6943 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SEC. 7, T20S, R37E 660' FNL & 1980' FEL					10. Field and Pool, or Exploratory Area EUMONT YTS 7RVR QN 11. County or Parish, State LEA COUNTY, NM
12. CHE	CK APPROPRIATE BOX	(s) TO INDICAT	E NATURE OF NOTICE, RI	EPOR.	I. OR OTHER DATA
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT TYPE OF SUBMISSION TYPE OF ACTION					i, on omen baia
	otice of Intent		Abandonment Recompletion Plugging Back		Change of Plans New Construction Non-Routine Fracturing
F	inal Abandonment Notice	<u> </u>	Casing Repair Altering Casing Other CHANGE OF OPERATOR	R	Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well
give substitut	RATOR. DOYLE HARTMAN	cal depths for all marker	ive pertinent dates, including estimated date of s and zones pertinent to this work.)* RATOR. SOLD TO MERIDIAN (Completion or Recompletion Report and Log form.) ny proposed work. If well is directionally drilled,
					la de la marca
					2 6 1998 SJS
14. I hereby certify th	at the foregoing is true and correct				LSDAD, NEW MEXICO
Signed	LE CÓONNA WILL	JAMS Title PRO	DDUCTION ASSISTANT		Date 9/30/93

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.

Date .

Title _

(This space for Federal or State office use)

Approved by ______ Conditions of approval, if any: