

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

## 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

915-688-6906

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

J, 1980' FSL &amp; 1980' FEL, SEC. 23, T22S, R32E

## FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

## 5. Lease Designation and Serial No.

NM-81633

## 6. If Indian, Allottee or Tribe Name

## 7. If Unit or CA, Agreement Designation

## 8. Well Name and No. CHECKERBOARD

23 FEDERAL NO. 1

## 9. API Well No.

30-025-31906

## 10. Field and Pool, or Exploratory Area

RED TANK BONE SPRING

## 11. County or Parish, State

LEA,

NEW MEXICO

## 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 8-5/8" INTERMEDIATE CSG.  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

TO AMEND SUNDRY DATED 6-11-93

(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.)

4-16-93 12-1/4" HOLE. RAN 8-5/8" 28# & 32# INTERMEDIATE CASING SET AT 4600'. DV TOOL AT 3009'. USED 16 CENTRALIZERS. CMT'D 1ST STAGE W/450 SXS PREMIUM PLUS CMT, 9# SALT, 1/4# FLOCELE, 5# GILSONITE, 400 SXS PREMIUM PLUS CMT, 9# SALT 1/4# FLOCELE & 250 SXS PREMIUM PLUS CMT 2% CACL. CIRC'D CMT TO DV TOOL @ 3009'. (TOTAL 1100 SXS CMT USED ON 1ST STG)

CMTD 2ND STAGE CIRCULATED THROUGH DV TOOL AT 3009' W/1450 SXS PREMIUM PLUS CMT, 9# SALT, 1/4# FLOCELE; TAILED W/200 SXS PREMIUM PLUS CMT 2% CACL. LOST RETURNS DURING 2ND STAGE. RAN TEMPERATURE SURVEY, TOC @ 2850'. PERFORATED 4 SQZ SHOTS AT 2800'. WOC 27 HRS. (TOTAL 1650 SXS USED IN 2ND STG)

4-17-93 SET CMT RETAINER AT 2641'. SQZD CMT LEAD W/1600 SXS PREMIUM PLUS CMT, 9# SALT, 1/4# FLOCELE; TAILED W/300 SXS PREMIUM PLUS 2% CACL. CMT DID NOT CIRCULATE TO SURFACE. RAN TEMPERATURE SURVEY, TOC AT 900'. WOC 19-1/4 HRS. (TOTAL 1900 SXS CMT USED)

4-18-93 PER'D 4 SZQ SHOT @865'. SET CMT RET AT 761'. SZQD CMT LEAD W/150 SXS PREMIUM PLUS CMT, 9# SALT, 1/4# FLOCELE; TAILED W/300 SXS PREMIUM PLUS CMT, 2% CACL. CIRC'D 106 SXS CMT TO SURFACE. WOC 24 HRS. (USED TOTAL 450 SXS CMT).

A TOTAL OF 5100 SXS OF CMT WAS USED ON THE INTERMEDIATE CASING.

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

Signed Maria L. Perez MARIA L. PEREZTitle PRODUCTION ASST.Date 9-3-93

(This space for Federal or State office use)

Approved by \_\_\_\_\_

Conditions of approval, if any: \_\_\_\_\_

Title \_\_\_\_\_

SJS

Date \_\_\_\_\_

**RECEIVED**

SEP 24 1953

OLD RECORDS  
OFFICE