UNITE TATES OF OFFICE FOR NUMBER OF COPIES REQUIRED OFFICE FOR NUMBER OFFICE FOR		BLM Roswell District Modified Form No. NM060-3160-4  5. LEASE DESIGNATION AND SERIAL NO. NM 8 1633	
SUNDRY NOTICES AND REPORTS C (Do not use this form for proposals to drill or to deepen or plug back Use "APPLICATION FOR PERMIT-" for such proposals.)	to a different reservoir.	6. IF INDIAN, ALLOTTEE	OR TRIBE NAME
1. OIL X GAS OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR		8. FARM OR LEASE NAM	E
MERIDIAN OIL INC.		CHECKERBOARD 23 FEDERAL	
ADDRESS OF OPERATOR  3a. AREA CODE & PHONE NO.		9. WELL NO.	
P.O. Box 51810, Midland, TX 79710-1810	915-688-6800	-6800 1	
<ol> <li>LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface</li> <li>J, 1980 FSL &amp; 1980 FEL</li> </ol>		10. FIELD AND POOL, OR WILDCAT RED TANK BONE SPRING	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
		23, T-22-S, R-32-E	
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COL LEA		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:		INT REPORT OF:	
TEST WATER SHUT-OFF PULL OR ALTER CASING FRACTURE TREAT MULTIPLE COMPLETE	WATER SHUT-OFF	REPAIRING WI ALTERING CAS	
SHOOT OR ACIDIZE ABANDON*	SHOOTING OR ACIDIZING	ABANDONMEN	
REPAIR WELL CHANGE PLANS	(Other) SPUD & SET SUF	RF. CASING	X
(Other)	(NOTE: Report results of Colepiation or Recomple	multiple completion on stion Report and Log for	Well
<ol> <li>DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent of posed work. If well is directionally drilled, give subsurface locations are work.)<sup>a</sup></li> </ol>	details, and give pertinent dates, inclu-	tion agricultural data and	tertion any men
4/8/93: DRILLED 17 1/2" HOLE TO 855'. RAN 13 3/8" H-40, 48# CASING AND SET AT 855'. USED FIVE (5) CENTRALIZERS. CEMENTED WITH LEAD: 685 SXS CLASS "C" CMT PLUS 4% GEL, 2% CACI2 + 1/4 PPS FLOCELE. TAIL: 200 SXS CLASS 'C' CEMENT PLUS 2% CACI2 + 1/4 PPS FLOCELE. CIRC. 150 SXS TO SURF. WOC 20.5 HOURS. BUMPED PLUG @ 750 PSI FOR 30 MINUTES. OK.			
			Jun 15 10 CAREA II
	ACCEPTED TOO DE	CORD	5
	ORIG. SGD. DAVID JUN 2 8 1993 CARLSSAD, NEW M		W '93
18. I hereby certify that the foregoing is true and correct			
SIGNED TITLE	PRODUCTION ASSISTANT	DATE 6	/11/93
(This space for Federal or State office use)			

DATE

TITLE

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

int

RECEIVED.

A HUEBS