

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

U.S. M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

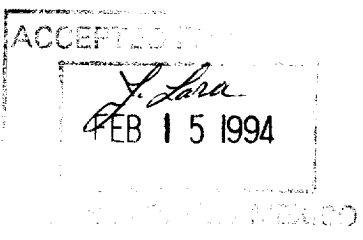
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	7. If Unit or CA, Agreement Designation
2. Name of Operator MERIDIAN OIL INC.	8. Well Name and No. CHECKERBOARD 23 FEDERAL # 3
3. Address and Telephone No. P.O. Box 51810 Midland, TX 79710 915-688-6943	9. API Well No. 30-025-32287
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) F, 2310' FNL & 2295' FWL SEC. 23, T22S, R32E	10. Field and Pool, or Exploratory Area RED TANK DELAWARE
	11. County or Parish, State LEA COUNTY, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other SPUD & SET SURFACE CASING
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(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.)*
12/1/93: SPUD. DRLD A 17 1/2" HOLE TO 852'. RAN 19 JTS 13 3/8" 48# H-40 STC CASING. SET AT 842'. USED FIVE CENTRALIZERS. CMTD W/600 SXS 'C' W/4% GEL, 1/4 PPS FLOCELE, & 2% CACL FOLLOWED BY 200 SXS 'C' W/1/4 PPS FLOCELLE & 2% CACL. CIRC. 150 SXS. BMPED PLUG TO 1500 PSI FOR 30 MINS. OK. WOC 25.75 HRS.



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

Signed DONNA WILLIAMS

Title PRODUCTION ASSISTANT

Date 1/24/94

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____