

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

MERIDIAN OIL INC.

3. Address and Telephone No.

P.O. BOX 51810 MIDLAND, TEXAS 79710-1810

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

L, 2310' FSL & 990' FWL
Sec. 23, T22S, R32E

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 FED. # 5

9. API Well No.
30-025-32376

10. Field and Pool, or Exploratory Area
RED TANK BONE SPRING

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

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other SET PROD. CSG.

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

DRLD A 7 7/8" HOLE TO 10085. RAN 266 JTS 5 1/2" 17# K-55/N-80 LTC CSG. SET AT 10085. USED 20 CENTRALIZERS. CMTD W/STAGE ONE: 620 50/50 POZ 'H' + .6% HALAD-9 + 3 PPS KCl & 805 'H' LITE + 4% HALAD-9. 2ND STAGE: 100 SXS 'H'. BMPED PLUG TO 750-1000 PSI. WOC 5 DAYS.

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

Signed

DONNA WILLIAMS

Title

PRODUCTION ASSISTANT

Date

3/4/94

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

RECEIVED

MAR 23 1994

**— CBS
OFFICE**