

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, TX 79710-1810 915-688-6943

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980 FNL + 1980 FEL
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 NO. 8

9. API Well No.
30-025-32626

10. Field and Pool, or exploratory Area
WEST RED TANK DELAWARE

11. County or Parish, State
LEA 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

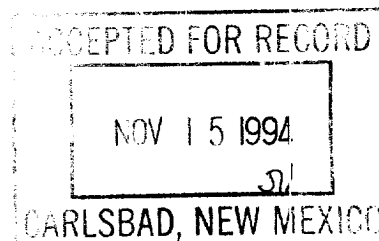
- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other SPUD & SET SURF CSG
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(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.)*

8/19/94: SPUD. DRILD A 17 1/2" HOLE. RAN 20 JTS 13 3/8" 48# H-40 STC CSG AND SET AT 855'. USED FIVE CENTRALIZERS. CMTE W/LEAD: 600 SXS 'C' + 4% GEL + 2% CACL2, TAIL W/200 SXS 'C' + 2% CACL2. CIRC 316 SXS. WOC 17.5 HRS.

RECEIVED
OCT 21 12 CO PM '94
CARLSBAD AREA OFFICE



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

Signed

Title REGULATORY ASSISTANT

Date 10/17/94

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: