

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION  
P.O. BOX 1980  
HOBBS, NEW MEXICO

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

88740 Designation and Serial No.

NM 81633

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)

660 FNL + 1980 FEL JV  
SEC. 23, T22S, R32E

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

CHECKERBOARD 23 NO. 11

9. API Well No.

30-025-32628

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 SET PRODUCTION 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.)\*

DRILD A 7 7/8" HOLE TO 10,120'. RAN 231 JTS OF 5 1/2" 17# K-55/N-80 LTC CSG AND SET AT 10,120. USED 22 CENTRALIZERS. CMED W/800 SXS 'H' 50/50 POZ + 2% GEL + 3 PPS KCL + .6% HALAD-9 + .25 FLOCELE, TAIL W/690 SXS 'H' LITE + .4% HALAD-9 AND 100 SXS 'H'. TOC @ 2650'. WOC 5 DAYS.

OCT 21 11 56 AM '94  
RECEIVED  
CANTON AREA

3 1994

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

Signed

Title REGULATORY ASSISTANT

Date 10/19/94

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: