		N.M. OIL CONS. CFM	MISSION
Form 3160-5 (June 1990)	DEPARTMENT O	STATES P.O. BOX 1980 F THE INTERIOR HOBBS, NEW MEXICO D MANAGEMENT	FORM APPROVED 88240 Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.
SUNDRY NOTICES AND REPORTS ON WELLS		NM 81633	
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			6. If Indian, Allottee or Tribe Name
	SUBMIT IN	7. If Unit or CA, Agreement Designation	
1. Type of Well Oil Well Gas Well 2. Name of Operator	Other	8. Well Name and No. CHECKERBOARD 23 NO. 11	
MERIDIAN OIL	INC.	9. API Well No.	
3. Address and Telephone No. P.O. Box 51810, Midland, TX 79710-1810 915-688-6943			30 - 025 - 32628 10. Field and Pool, or exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660 FNL + 1980 FEL D			WEST RED TANK DELAWARE
SEC. 23, T22S, R32E			11. County or Parish, State LEA NM
12. CHECK	APPROPRIATE BOX(s) T	O INDICATE NATURE OF NOTICE, REPOR	
TYPE OF SUBMISSION TYPE OF ACTIC			
Notice	of Intent	Abandonment	Change of Plans
X Subseq	uent Report	Recompletion Plugging Back	New Construction
Final A	Abandonment Notice	Casing Repair Altering Casing	Water Shut-Off Conversion to Injection
		Other <u>SET INTERMEDIATE</u> (· ·
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.)*			
USED FIFTEEN ((15) CENTRALIZERS. C 5 PPS GILSONITE + 1 FAGE: CMTED W/780 SX	105 JTS 8 5/8" 28#/32# K-55 BTC MTED IN TWO STAGES: 1ST STAGE: PPS ECONOLITE + .25 PPS FLOCELE, S 'C' LITE + 9 PPS SALT + .25 PP C 23.25 HRS.	CMTED W/500 SXS 'C' LITE + TAIL W/250 SXS 'C' + 2%
		3 1994	
. (\cap		N
14. I hereby certify that the Signed	e foregoing is true and correct	Title REGULATORY ASSISTANT	
(This space for Federal	or State office use)		
Approved by Conditions of approval	, if any:	Title	Date
	01, makes it a crime for any person know matter within its jurisdiction.	ingly and willfully to make to any department or agency of the U	nited States any false, fictitious or fraudulent statements