15. NEW MEXICO 88240 Form 3160-5 FORM APPROVED UNITED STATES Budget Bureau No. 1004-0135 (June 1990) DEPARTMENT OF THE INTERIOR RECEIVED Expires: March 31, 1993 **BUREAU OF LAND MANAGEMENT** 5. Lease Designation and Serial No. NM 81633 SUNDRY NOTICES AND REPORTS ON WELLS 6. If Indian, Allottee or Tribe Name Do not use this form for proposals to drill or to deepen or reentry to did different rese Use "APPLICATION FOR PERMIT - " for such proposals 7. If Unit or CA, Agreement Designation AEE... SUBMIT IN TRIPLICATE 1. Type of Well X Oil Well 8. Well Name and No. CHECKERBOARD 23 NO. 9 2. Name of Operator **FEDERAL** MERIDIAN OIL INC. 9. API Well No. 3. Address and Telephone No. 30-025-32660 P.O. Box 51810, Midland, TX 79710-1810 915-688-6943 10. Field and Pool, or exploratory Area 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) WEST RED TANK DELAWARE 990' FSL & 2310' FWL SEC. 23, T22S, R32E 11. County or Parish, State NM CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 12. TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Abandonment Change of Plans Recompletion **New Construction** X Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut-Off Final Abandonment Notice Altering Casing Conversion to Injection Dispose Water ote: 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 8900'. RAN 192 JTS OF 5 1/2" 17# K-55 CSG AND SET @ 8900'. USED TWENTY CENTRALIZERS. CMTED W/1ST STAGE: 500 SXS 50/50 POZ 'H' + .6% HALAD-9 + 3 PPS KCL + 1/4 PPS FLOCELE. CIRC. 2ND STAGE: 550 SXS 'H' LITE + .4% HALAD-9, TAIL W/100 SXS 'H' NEAT. TOC @ 2650'. WOC 8 DAYS. ACCEPTED FOR REC NOV 1 5 1994 CARLSBAD, NEW ME. 14. I hereby certify that the foregoing is true and correct Title REGULATORY ASSISTANT Date 11/10/94 (This space for Federal or State office use) Approved by Title Conditions of approval, if any:

P.O. BOX 1980

or representations as to any matter within its jurisdiction.

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements