## N.M. OIL CONS. COMMISSION P. BOX 1980

Dispose Water

Form 3160-5

## IINITED STATES

	HOBBS	NEW MEXICAPROPER
20000		Dud D

(June 1990)  SU  Do not use this form f	DEPARTMENT O BUREAU OF LAN	F THE INTERIOR ID MANAGEMENT REPORTS ON WELL	REDEIVED	Budget Bureau No. 1004-0135 Expires: March 31, 1993  5. Lease Designation and Serial No. NM 81633
Use	or proposals to drill or to 'APPLICATION FOR PER	RMIT - " for such prop	d a different reservoir	6. If Indian, Allottee or Tribe Name
1. Type of Well	7. If Unit or CA, Agreement Designation			
2. Name of Operator MERIDIAN OIL IN	8. Well Name and No. CHECKERBOARD 23 NO. 9 FEDERAL			
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) 990' FSL & 2310' FWL SEC. 23, T22S, R32E			9. API Well No. 30 - 025 - 32660  10. Field and Pool, or exploratory Area WEST RED TANK DELAWARE	
12. CHECK APP	ROPRIATE BOX(s) TO	) INDICATE NATUR	E OF NOTICE, REPORT	11. County or Parish, State  LEA NM
TYPE OF SUBMI	SSION		TYPE OF ACTION	— <u></u>
X Subsequent Re		Abandonm Recompleti Plugging B	ion	Change of Plans  New Construction  Non-Routine Fracturing
Final Abandon	ment Notice	Casing Rep Altering Co		Water Shut-Off Conversion to Injection

(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 12 1/4" HOLE TO 4555'. RAN 105 JTS OF 8 5/8" 28#/32# K-55 BTC/LTC CSG AND SET @ 4555'. USED FIFTEEN (15) CENTRALIZERS. CMTED W/1ST STAGE: 400 SXS 'C' + 9 PPS SALT + 5 PPS GILSONITE + 1 PPS ECONOLITE + 1/4 PPS FLOCELE, TAIL W/250 'C' + 2% CACL2. 2ND STAGE: 700 SXS 'C' LITE + 9 PS SALT + 1/4 FLOCELE, TAIL W/200 SXS 'C' + 2% CACL2. CIRC. TO SURF. WOC

	ACCEPTED FOR RECORD		
	NOV 15 1994 SV CARLSBAD, NEW N		
14. I hereby certify that the foregoing is true and correct Signed	Title REGULATORY ASSISTANT	Date 11/10/94	
(This space for Federal or State office use)  Approved by  Conditions of approval, if any:	Title	Date	

NOT COLD