

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION  
P.O. BOX 1980  
HOBBS, NEW MEXICO 88240  
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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. <b>NM 94096</b>
2. Name of Operator <b>MERIDIAN OIL INC.</b>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <b>P.O. Box 51810, Midland, TX 79710-1810 915-688-6943</b>	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>330' FSL &amp; 990' FEL SEC. 14, T22S, R32E</b>	8. Well Name and No. <b>REDCHECKER 14 NO. 1 FEDERAL</b>
	9. API Well No. <b>30-025-32764</b>
	10. Field and Pool, or exploratory Area <b>WEST RED TANK DELAWARE</b>
	11. County or Parish, State <b>LEA NM</b>

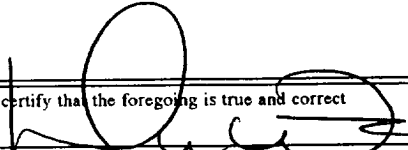
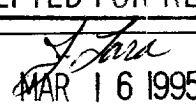
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other <b>CASING INFORMATION</b>	<input type="checkbox"/> 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.)\*

12/15/94: SPUD. DRLD A 17 1/2" HOLE TO 853'. RAN 20 JTS OF 13 3/8" 48# H-40 CSG AND SET @ 853'. USED FOUR CENTRALIZERS. CMTD W/LEAD: 600 SXS 'C' + 4% GEL + 2% CACL2 + .25 PPS FLOCELE, TAIL W/200 SXS 'C' + 2% CACL2 + .25 PPS FLOCELE. CIRC CMT TO SURF. WOC 18.25 HRS.

DRLD A 12 1/4" HOLE TO 4526'. RAN 99 JTS OF 8 5/8" 28#/32# K-55 CSG AND SET @ 4526'. USED 16 CENTRALIZERS. CMTD W/2 STAGES: LEAD W/450 SXS 'C' LITE + 9 PPS SALT + 5 PPS GILSONITE + 1 PPS ECONOLITE + .25 PPS FLOCELE, TAIL W/250 SXS 'C' + 2% CACL2. 2ND STAGE: LEAD W/820 SXS 'C' LITE + 9 PPS SALT + .25 PPS FLOCELE, TAIL W/200 SXS 'C' + 2% CACL2. CIRC CMT TO SURF. WOC 1 HRS.

DRLD A 7 7/8" HOLE TO 10,100'. RAN 227 JTS OF 5 1/2" 17# K-55/N-80 LTC CSG AND SET @ 10,100'. USED 20 CENTRALIZERS. CMTD W/2 STAGES. LEAD W/300 SXS 'C' + .6% HALAD-9 + 3 PPS KCL + .25 PPS FLOCELE. 2ND STAGE: LEAD W/730 SXS 'H' LITE + .4% HALAD-9 TAIL W/200 SXS 'C' 50/50 POZ + .6% HALAD-9 + 3 PPS KCL + .25 PPS FLOCELE. TOC@ 4600' (TS)

14. I hereby certify that the foregoing is true and correct	
Signed 	Title <b>REGULATORY ASSISTANT</b>
(This space for Federal or State office use)	
Approved by _____	Title _____
Conditions of approval, if any:	
<div>ACCEPTED FOR RECORD</div> <div> MAR 16 1995</div> <div>CARLSBAD, NEW MEXICO</div>	

RECEIVED  
FEB 17 1995  
Date 2/13/95  
Carlsbad, New Mexico

**RECEIVED**

MAN 2 3 1964

COB 12  
OFFICE