

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.A. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

FORM APPROVED
Bureau Form 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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

MERIDIAN OIL INC.

3. Address and Telephone No.

P.O. Box 51810 Midland, TX 79710

915-688-6943

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

J, 1980' FSL & 2310' FEL

SEC. 30, T23S, R32E

5. Lease Designation and Serial No.

NM 86927

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No. LITTLE JACK

30 FEDERAL # 1

9. API Well No.

30-025-32176

10. Field and Pool, or Exploratory Area

STH SAND DUNES BS

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 SPUD AND SET SURFACE
CASING

- ☐ 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.)*

SPUD. DRLD A 17 1/2" HOLE TO 602'. RAN 14 JTS OF 13 3/8" 48# H-40 TO 602. CMTD W/350 SXS 'C' + 4% GEL & 200 SXS 'C' + 2% CACL2. CIRC 200 SXS TO SURFACE. BMPED PLUG TO 1500 PSI. OK. WOC 15.25 HRS. USED FOUR CENTRALIZERS.



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

Signed

Donna Williams
DONNA WILLIAMS

Title PRODUCTION ASSISTANT

Date 2/22/94

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: