

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION  
P.O. BOX 1980  
MORRIS, NEW MEXICO 88240

FORM APPROVED  
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

☒ 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)

660' FSL & 2310' FEL

SEC. 30, T23S, R32E

88240 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 #3

9. API Well No.

10. Field and Pool, or Exploratory Area

WEST TRISTE DRAW DELAW

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 SET INTERMEDIATE CSG

- ☐ 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.)\*

DRILD A 12 1/4" HOLE TO 4500'. RAN 106 JTS 8 5/8" 28#/32# K-55 BTC/LTC CSG AND SET AT 4500'. USED FIFTEEN CENTRALIZERS. CMTED W/LEAD: 1400 SXS 'C 'LITE + 6% BENTONITE + 9 PPS SALT + .25 PPS FLOCELE, TAIL W/300 SXS 'C' + 2% CACL2. CIRC. 127 SXS. WOC 12.25 HRS.

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

Signed

DONNA WILLIAMS

Title PRODUCTION ASSISTANT

Date 6/13/94

(This space for Federal or State office use)

Approved by

Title

Date

535

Conditions of approval, if any:

12001

RECEIVED  
JUN 17 10 50 AM '94  
C. S. WILSON  
CALLED OFFICERS