

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

FORM APPROVED
Budget Bureau No. 4004-0135
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. NM 86927
2. Name of Operator MERIDIAN OIL INC.	6. If Indian, Allottee or Tribe Name 4
3. Address and Telephone No. P.O. Box 51810, Midland, TX 79710-1810 915-688-6943	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 30, T23S, R32E 1980' FNL & 2310' FEL	8. Well Name and No. Little Jack 30 Fed. No. 2
	9. API Well No. 30-015-32481
	10. Field and Pool, or exploratory Area WEST TRISTE DRAW DELA
	11. County or Parish, State LEA NM

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 checked="" type="checkbox"/> Other ADD PERFS/SAME PAY	<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.)*

ADD PERFORATIONS: 7272-7300' 4 SPF (112 HOLES); PERFORATIONS 7312'-7322'
ACDZ W/2500 GLS 7 1/2% NEFE, FRCD W/9700 GLS 30# GEL PAD & 32600 GLS 35# XL GEL & 36800 LBS
12/20 SUPER LC-RC SAND & 51500 LBS 12/20 NW SAND

NEW PRODUCING INTERVALS: 7272'-8358' (DELAWARE)

RECEIVED
JUL 12 11 03 AM '94
CARTER
AREA

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

Signed [Signature] Title **PRODUCTION ASSISTANT** Date **7/8/94**

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: