

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED BOX 1980
OIL CONS. COMMISSION
FORM APPROVED
Budget Bureau No. 4080135
NEW MEXICO 88240
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 79710-1810 915-688-6943

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

SEC. 30, T23S, R32E
660' FSL & 990' FEL

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 NO. 4
FEDERAL

9. API Well No.

30-025-32540

10. Field and Pool, or exploratory Area

WEST TRISTE DRAW DELAWARE

11. County or Parish, State

LEA CO. 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 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.)*

11/26/94: SPUD. DRILD A 17 1/2" HOLE TO 600'. RAN 14 JTS 13 3/8" 48# H-40 STC CSG AND SET @ 600'. USED FOUR (4) CENTRALIZERS. CMTD W/630 SXS CLASS 'C' + 2% CACL2 + .25 PPS FLOCELE. CIRC CMT TO SURF. WOC FIFTEEN (15) HOURS.

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

Signed

Title REGULATORY ASSISTANT

Date 1/24/95

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: