M. M. One ... Form 3160-5 **UNITED STATES** Budget Bureau No. 1004-0135 DEPARTMENT OF THE INTERIOR (June 1990) Expires: March 31, 1993 **BUREAU OF LAND MANAGEMENT** 5. Lease Designation and Serial No. NM94616 SUNDRY NOTICES AND REPORTS ON WELLS 6. If Indian, Allottee or Tribe Name 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 7. If Unit or CA, Agreement Designation SUBMIT IN TRIPLICATE 1. Type of Well X Oil Well 8. Well Name and No. DIAMONDTAIL '34' NO. 2 2. Name of Operator **FEDERAL** MERIDIAN OIL INC. 9. API Well No. 3. Address and Telephone No. <del>UNASSIGNED</del> P.O. Box 51810, Midland, TX 79710-1810 915-688-6943 10. Field and Pool, or exploratory Area 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <del>WES</del>₹ TRISTE DRAW DELAWARE 660' FSL & 1980' FEL SEC. 34, T23S, R32E 11. County or Parish, State CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 12. TYPE OF SUBMISSION TYPE OF ACTION X Notice of Intent Abandonment Change of Plans Recompletion New Construction Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut-Off Firal Abandonment Notice Altering Casing Conversion to Injection Other DEPTH OF INTERMEDIATE 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.)\*

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MERIDIAN OIL INC. RESPECTFULLY REQUESTS APPROVAL TO AMEND THE PROPOSED INTERMEDIATE CSG SETTING DEPTH FOR THE ABOVE REFERENCED WELL. IT IS SUPPOSED TO BE 4600' AND NOT 4800' AS PREVIOUSLY SUBMITTED.

14. I hereby that the foregoing is true and correct Title REGULATORY COMPLIANCE Signed (This space for Federal or State office use) Approved by ONIG SCO \ NOF A 1 ADA Conditions of approval, if any

