Form 3160-5

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

CONTACT RECEIVI. OFFICE FOR NUMBER

BLM Roswell District Modified Form No.

Form 3 100-5 UNITED STATES				OF COPIES REQUIRED		NM060-3160-4		
(July 1989) (Formerly 9–331)		EPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT		(Other instructions on reverse side)		5. LEASE DESIGNATION AND SERIAL NO.		
(Do not use this fo	rm for proposals	ES AND REPORTS to drill or to deepen or plug by FOR PERMIT-" for such propos	pack to a		6	. IF INDIAN, ALLOTTEE	<del></del>	
1. OIL IVI GAS		<u> </u>	<del></del>		7	. UNIT AGREEMENT NAM	ME	
WELL X GAS WELL  2. NAME OF OPERATOR	OTHER				8	3. FARM OR LEASE NAM		
MERIDIAN OIL INC						MYERS B		
3. ADDRESS OF OPERATOR 3a. AREA CODE & PHONE NO. P.O. Box 51810, Midland, TX 79710-1810 (915)688-6943						9. WELL NO.		
P.O. Box 51810		1  10. FIELD AND POOL, OR WILDCAT						
<ol> <li>LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*         See also space 17 below.)</li> </ol>						LANGLIE MATTIX 7R QN GRBG		
At surface F, 2310' FNL & 1650' FWL						11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
						SEC 13, T24S,	R36E	
14. PERMIT NO.		15. ELEVATIONS (Show when	ther DF, R	r, GR, etc.)		12. COUNTY OR PARISH	13. STATE	
		3317' GR	<del></del>			LEA	NM	
16.	Check Ap	propriate Box To Indi	icate N	ature of Notice, Re	eport,	or Other Data		
NOTICE OF INTENTION TO: SUBSEQUE						REPORT OF:		
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING W		
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT	H	ALTERING CAS	- <del>       </del>	
SHOOT OR ACIDIZE REPAIR WELL		ABANDON* CHANGE PLANS		SHOOTING OR ACIDIZING (Other)		ABANDONMEN	""	
(Other)		CHARGE PLAYS		(NOTE: Report res	sults of recompleti	nultiple completion on on Report and Log for	Well m.)	
17. DESCRIBE PROPOSED OF posed work. If well work.)*	COMPLETED OP is directionally	ERATIONS (Clearly state all pertindrilled, give subsurface location	nent detail	s, and give pertinent dates, easured and true vertical de	, includir epths for	ng estimated date of s all markers and zone	starting any pro- es pertinent to thi	
CACL2 TO	TOP OF CIBP	ERF SUB & BULLPLUG. . CALC TOP - 3465'. P CACL2 OVER CSG SHOE	OT HU	3015'. SPOT 55 SX	W/ 2	%	-	
SPOT 25 S	CLASS "C"	PERF @ 1335'. RIH W/ W/ 2% CACL2 BELOW ASS "C" CMT W/ 2% CA	RET. 1	O SX ABOVE CALC T	OP	,	÷	
	CLASS "C"	PERF @ 375'. SPOT PLU CMT W/ 2% CACL2 BA						
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	Et qui							
	. <u></u>			<u></u>				
18. I hereby certify that to		on hon de		PRODUCTION ASST		0.75	5/26/92	

TITLE