Form 3160-5 BLin- Will BLM Roswell District CONTACT RECEIVING OFFICE FOR NUMBER OF COPIES REQUIRED Modified Form No. UNITE STATES NM060-3160-4 (July 1989) DEPARTMENT OF THE INTERIOR (Other instructions on reverse LEASE DESIGNATION AND SERIAL NO. (Formerly 9-331) BUREAU OF LAND MANAGEMENT LC-060825-A IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals.) 7. UNIT AGREEMENT NAME WELL | GAS X OTHER 8. FARM OR LEASE NAME NAME OF OPERATOR Olsen-Blinebry Meridian Oil Inc. 3a. AREA CODE & PHONE NO. ADDRESS OF OPERATOR 9. WELL NO. 21 Desta Dr., Midland, TX 79705 915-686-5600 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* 10. FIELD AND POOL, OR WILDCAT See also space 17 below.) Jalmat (T, Y, SR) At surface 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1650' FSL & 990' FWL Sec. 29, T23S, R37E 12. COUNTY OR PARISH 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 13. STATE 14 PERMIT NO. 3323' DF Lea NM Check Appropriate Elox To Indicate Nature of Notice, Report, or Other Data 16 SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: WATER SHUT-OFF PULL OR ALTER CASING REPAIRING WELL TEST WATER SHUT-OFF MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING FRACTURE TREAT SHOOTING OR ACIDIZING ABANDONMENT' ABANDON\* SHOOT OR ACIDIZE CHANGE PLANS REPAIR WELL (Other) (NOTE: Report results of multiple completion on Well (Other) Completion or Recompletion Report and Log form.) 17. 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 Retainer set @2444'; holes located in casing from 619'-684' on 9/26/90. Set RTTS packer @570' and squeeze cmt csg holes w/Class "C" cmt + 2% CaCl2. Drill out cmt and test csg; resqueeze, if necessary. Pressure test csg and temporarily abandon well after the pressure test is documented and witnessed. THIS WORK IS BEING DONE TO CONTINUE TEMPORARY ABANDONED STATUS. 18. I hereby certify that the foregoing is true and correct Sr. Staff Env./Reg. Spec. 11 October 1990 DATE TITLE (This space for Federal or State office use)

\*See Instructions on Reverse Side

10-19-96

DATE

TITLE

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

OCT 2 8 1950

GCE)