A. M. OIL GOAS. COMMISSION P. O. BOX 1980

Form 3160-5

HORRS NEW MEX UNITED STATES

FORM APPROVED

(June 1990)		OF THE INTERIOR SECTION 88240	Expires: March 31, 1993
	BUREAU OF LAN	5. Lease Designation and Serial No. LC 054668	
Do not use this	6. If Indian, Allottee or Tribe Name		
	7. If Unit or CA, Agreement Designation		
1. Type of Well Oil Gas Well We	8. Well Name and No. FARNSWORTH		
2. Name of Operator  MERIDIAN OIL	4 # 9 9. API Well No.		
3. Address and Telephon P.O. Box 518	3D-D25-11944		
			LANGLIE MATTIX
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) NE/NW, SEC. 4, T26S, R37E  660' FNL & 2310' FWL			11. County or Parish, State LEA COUNTY, NM
12. CHECK	K APPROPRIATE BOX(s)	TO INDICATE NATURE OF NOTICE, REPO	PRT, OR OTHER DATA
TYPE C	TYPE OF SUBMISSION TYPE OF ACTION		1
☐ Notice	e of Intent	Abandonment Recompletion	Change of Plans New Construction
X Subs	equent Report	Plugging Back Casing Repair	Non-Routine Fracturing Water Shut-Off
☐ Final	Abandonment Notice	Altering Casing  Cother REQUEST FOR OFFICIAL TA	Conversion to Injection  Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
-ina anhanefasa	lanctions and measured and true vertical c	ertinent details, and give pertinent dates, including estimated date of startidepths for all markers and zones pertinent to this work.)* TOFFICIAL TEMPORARILY ABANDONED STATUS	
			ZQ S

APPROVED FOR 12 MONTH PERIOD ENDING 10/8/94 14. I hereby dertify that the foregoing is true and correct Title PRODUCTION ASSISTANT DONNA WILLIAMS Signed (This space for Federal or State office use) PETROLEUM ENGINEER YORIG. SGD.) JOE G. LAPA Title Approved by Conditions of approval, if any: submitting chart Casing Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent state or representations as to any matter within its jurisdiction. \*See instruction on Reverse Side