

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL & GAS
P.O. BOX 1000
MORRIS, NEW MEXICO

FORM APPROVED
Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
LC 054668

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No. FARNSWORTH 4

9

9. API Well No.

3D-D25-119411

10. Field and Pool, or Exploratory Area
LANGLIE MATTIX

11. County or Parish, State
LEA COUNTY, NM

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

915-688-6943

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

SEC. 4, T26S, R37E

660' FNL & 2310' FWL

Unit 4

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 CHART

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

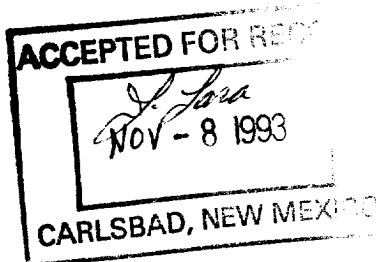
☐ Water Shut-Off

☐ 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.)*
PLEASE FIND ATTACHED CHART FOR THE TEMPORARY ABANDONED WELL.



OCT 12 11 04 AM '93

RECEIVED

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

Signed

Donna Williams DONNA WILLIAMS

Title

PRODUCTION ASSISTANT

Date

10/8/93

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date