RECEIVED

SFP 20 1993

(This space for Federal or State office use)

Form 3160-5 UNITED STATES FORM APPROVED (June 1990) dget Bureau No. 1004-0135 PROD. SERPPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT Expires: March 31, 1993 5. Lease Designation and Serial No. JC-054668 SUNDRY NOTICES AND REPORTS ON WELLS 6. If Indian, Allottes 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 ☐ Well Oil X Gas Well Other 8. Well Name and No. FARNSWORTH 2. Name of Operator C # 1 MERIDIAN OIL INC. 9. API Well No. 3. Address and Telephone No. 36-625-1145 P.O. Box 51810 Midland, TX 79710 915-688-6800 10. Field and Pool, or Exploratory Area 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SE/SW, SEC. 4, T-26-S, R-37-E RHODES Y SR (GAS) 11. County or Parish, State 990' FSL & 1650' FWL LEA COUNTY, NM 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Abandonment Change of Plans Recompletion **New Construction** Subsequent Report Plugging Back Non-Routine Fracturing Casing Repair Water Shut-Off Final Abandonment Notice **Altering Casing** Conversion to Injection Other FOAMED ACID CLEANOUT Dispose Water (Note: Report results of mi 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.) 7/26/93: PMP 350 GL IV SCALE CONVERTER 7/28/93: MIRU. TOH W/PMP AND RODS. SWABBED WELL TO RECOVER SCALE CONVERTER 7/29/93: TOH W/TBG. RIH W/PACKER ON 2.875" WORKSTRING SET @ 2600'. ACIDIZE W/6936 GLS CO2 FOAMED 15% HCL. (4.) ACCEPTED FOR RECORD F11 CARLABAD, NEW M 14. I hereby certify that the foregoing is true and correct Title PRODUCTION ASSISTANT COMMITTE COMMODITE COMMODI

Date

Title