

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse
side)

BLM Roswell District
Modified Form No.
NM060-3160-4

5. LEASE DESIGNATION AND SERIAL NO.
LC-030176-A

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL ☐ GAS WELL ☒ OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
MERIDIAN OIL, INC.

8. FARM OR LEASE NAME
CAGEE A

3. ADDRESS OF OPERATOR
P.O. Box 51810, Midland, TX 79710-1810

3a. AREA CODE & PHONE NO.
(915)688-6943

9. WELL NO.
1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface 1650

10. FIELD AND POOL, OR WILDCAT
RHODES-YATES-7RVRS (GAS)

K, 1980' FSL & 1980' FWL

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SEC 9, T26S, R37E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2961 GR

12. COUNTY OR PARISH
LEA

13. STATE
NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) RETURN SI WELL BACK TO PRODUCTION ☒

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well
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 work.)*

PROJ: INSTALL PUMPING EQUIP.

TOH W/TBG. RIH W/ NOTCHED COLLAR, SN & TBG. CLN OUT WELL W/ FOAM TO 3141'. PU TO 3000' AND LAND TBG.

RIH W/PUMP & RODS. BTM 400' OF RODS WILL HAVE ROD GUIDES. LOAD TBG, TEST PUMP & RDMOPU. TURN TO PRODUCTION.

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

SIGNED

Roxann Scholz

TITLE

PRODUCTION ASST.

DATE

03/02/92

(This space for Federal or State office use)

APPROVED BY

David H. Puse

TITLE

DATE

3-16-92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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MAR 5 10 33 AM '92

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MAR 12 1992

CCD HCBBS OFFICE