

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.
NMO60-3160-4

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.)

| | | |
|--|---|---|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR MERIDIAN OIL, INC. | | 8. FARM OR LEASE NAME CAGE 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 K, 1980' FSL & 1980 FWL 1650 | | 10. FIELD AND POOL, OR WILDCAT RHODES-YATES-7RVRS (GAS) |
| | | 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 <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) RETURN SI WELL TO PRODUCTION <input checked="" type="checkbox"/> | |
| (Other) <input type="checkbox"/> | | (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.

01/24/92 TBG STUCK @ 2838'. CUT TBG @ 2570'. TIH & CATCH FISH @ 2570'.

01/25/92 - 01/27/92 UNABLE TO JAR FISH LOOSE. TIH & CATCH FISH @ 2570'. CUT TBG @ 2831'.
SET 2 3/8" TBG @ 2799'.

01/28/92 RUN PUMP & RODS. TST TO 500 PSI, HELD OK. TURN TO PRODUCTION.

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

| | | |
|--|-------------------------------|----------------------|
| SIGNED <u>Norm Scholz</u> | TITLE <u>PRODUCTION ASST.</u> | DATE <u>03/02/92</u> |
| (This space for Federal or State office use) | | |
| APPROVED BY <u>[Signature]</u> | TITLE _____ | DATE _____ |
| CONDITIONS OF APPROVAL, IF ANY: <u>1982</u> | | |

*See Instructions on Reverse Side

RECEIVED

MAR 12 1992

CCD HOBBS 07711