

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-09176-B 030176-B**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**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 ☐ GAS WELL ☒ OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

**Meridian Oil Inc.**

8. FARM OR LEASE NAME

**Cagle "B"**

3. ADDRESS OF OPERATOR

**P.O. Box 51810, Midland, TX 79710-1810**

3a. AREA CODE & PHONE NO.

**915-688-6906**

9. WELL NO.

**2**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)

At surface

**M, 660' FSL & 660' FWL**

10. FIELD AND POOL, OR WILDCAT

**Rhodes Yates 7-Rvrs**

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

**15, T-26-S, R-37-E**

14. PERMIT NO.

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

**2999' 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:

TEST WATER SHUT-OFF

☐

PULL OR ALTER CASING

☐

FRACTURE TREAT

☐

MULTIPLE COMPLETE

☐

SHOOT OR ACIDIZE

☐

ABANDON\*

☐

REPAIR WELL

☐

CHANGE PLANS

☐

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐

REPAIRING WELL

☐

FRACTURE TREATMENT

☐

ALTERING CASING

☐

SHOOTING OR ACIDIZING

☐

ABANDONMENT\*

☐

(Other) **Temporarily Abandoned**

☒

(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.)\*

**11-22-91 Circ'd hole clean. Lost Circ. Circ hole, increased N2 rate to 1000 CFM & foam to 380 CFM, lost circ. Pooh w/tbg & set cmt ret @ 2973'. Circ'd hole w/pkr fluid. toh w/2-3/8" tbg. TA'd well. Will plug & abandon at a later date. Test chart attached.**

APPROVED FOR 12 MONTH PERIOD

ENDING 11/21/92

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

SIGNED

Marcia L. Pore

TITLE

Production Asst.

DATE

12-02-91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

12/20/91

CONDITIONS OF APPROVAL, IF ANY:

**\*See Instructions on Reverse Side**