

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.  
NMO60-3160-4

5. LEASE DESIGNATION AND SERIAL NO.  
**LC-064019**

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  
**Elliot Federal**

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

3a. AREA CODE & PHONE NO.  
**915-686-5600**

9. WELL NO.  
**3**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
**Unit H 1980' FNL & 660' FEL**

10. FIELD AND POOL, OR WILDCAT  
**Rhodes (Yates, 7 Rivers) gas**

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

**Sec. 17, T26S, R37E**

14. PERMIT NO.

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

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  
FRACTURE TREAT  
SHOOT OR ACIDIZE  
REPAIR WELL  
(Other)

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PULL OR ALTER CASING  
MULTIPLE COMPLETE  
ABANDON\*  
CHANGE PLANS

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SUBSEQUENT REPORT OF:

WATER SHUT-OFF  
FRACTURE TREATMENT  
SHOOTING OR ACIDIZING  
(Other)

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REPAIRING WELL  
ALTERING CASING  
ABANDONMENT\*

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(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.)\*

See Attachment.



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

SIGNED

*Chris Walsh*

TITLE

Reg. Analyst

DATE

5/28/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

**\*See Instructions on Reverse Side**

JUN 17 1991

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HOBBS 01100