**BLM Roswell District** CONTACT RECEIVIN OFFICE FOR NUMBER OF COPIES REQUIRED Modified Form No. Form 3160-5 UNIT ∴ STATES NM060-3160-4 (July 1989) DEPARTMENT OF THE INTERIOR (Other instructions on reverse 5. LEASE DESIGNATION AND SERIAL NO. (Formerly 9-331) LC-064019063916 BUREAU OF LAND MANAGEMENT 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.) 7. UNIT AGREEMENT NAME OTHER 8. FARM OR LEASE NAME NAME OF OPERATOR **Elliott Federal** Meridian Oil Inc. 3a. AREA CODE & PHONE NO. ADDRESS OF OPERATOR 9. WELL NO. 21 Desta Dr., Midland, TX 79705 915-686-5600 3 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* 10. FIELD AND POOL, OR WILDCAT See also space 17 below.) Rhodes (Yates, 7 Rivers) At surface 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit H 1980' FNL & 660' FEL Sec. 17, T26S, R37E 12. COUNTY OR PARISH 13. STATE 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) NM 2988' GR Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16 SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: WATER SHUT-OFF REPAIRING WELL PULL OR ALTER CASING TEST WATER SHUT-OFF ALTERING CASING FRACTURE TREATMENT FRACTURE TREAT MULTIPLE COMPLETE SHOOTING OR ACIDIZING ABANDONMENT\* SHOOT OR ACIDIZE ABANDON\* REPAIR WELL CHANGE PLANS (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) Refrac Yates 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.)\* Proposed Operation - Refrac Yates. See attached proposal for details. 18. I hereby certify that the foregoing is true and correct Sr. Staff Environmental Rep. 4/4/91 DATE TITLE SIGNED

DATE

TITLE

(This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY

RECEIVED

APR 2 4 1991

HOBEL CARE