BLM Roswell District CONTACT RECEIVIN Modified Form No. OFFICE FOR NUMBER OF COPIES REQUIRED Ferm 3160-5 UNITED STATES NM060-3160-4 (July 1989) (Other instructions on reverse LEASE DESIGNATION AND SERIAL NO. DEPARTMENT OF THE INTERIOR side) (Formerly 9-331) LC-030174-A BUREAU OF LAND MANAGEMENT IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS form for proposals to drill or to deepen or plug back to a different reservoir.

Use "APPLICATION FOR PERMIT-" for such proposals.) (Do not use this 7. UNIT AGREEMENT NAME WELL [GAS X OTHER 8. FARM OR LEASE NAME NAME OF OPERATOR RHODES A MERIDIAN OIL INC. 3a. AREA CODE & PHONE NO. WELL NO. 9. ADDRESS OF OPERATOR 2 P.O. Box 51810, Midland, TX 915-688-6906 79710-1810 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 SEC., T., R., M., OR BLK. AND SURVEY OR AREA J. 1650' FSL & 1650' FEL 22, T-26-S, R-37-E 12. COUNTY OR PARISH 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. NM LEA NOT AVAILABLE Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL WATER SHUT-OFF PULL OR ALTER CASING TEST WATER SHUT-OFF ALTERING CASING MULTIPLE COMPLETE FRACTURE TREATMENT FRACTURE TREAT SHOOTING OR ACIDIZING ARANDONMENT* **ABANDON*** SHOOT OR ACIDIZE (Other) CSG INTG'Y TST & TA STATUS CHANGE PLANS REPAIR WELL (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.) 02-18-92 A CONVENTIONAL PRESS TEST WAS RUN ON THE CSG, SEE CHART ATTACHED. A CMT RET IS SET @ 2810' AND THE HOLE WAS LOADED WITH INHIBITED FLUID. THE BASE OF THE SALT IS @ 2710'. WE REQUEST THAT A TEMPORARILY ABANDON STATUS BE APPROVED. APPROVED FOR (2) MONTH PERIOD ENDING 18. I hereby certify that the foregoing is true and correct PRODUCTION ASST. 2-25-92 DATE TITLE SIGNED (This space for Federal or State office use)

*See Instructions on Reverse Side

TITLE

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAR 1 % 1992

OCD HOBBS OFFICE