Form 3160-5
(July 1989)
(Formerly 9-331)

**UNITE STATES
DEPARTMENT C. 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-030176Ŗ

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL ☐ GAS WELL ☒ OTHER	7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR Meridian Oil Inc.	8. FARM OR LEASE NAME Rhodes GSU

3. ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-1810	3a. AREA CODE & PHONE NO. 915-686-5600	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 ~~Unit L 1980' FSL & 600' FWL~~ 660/N + E Unit A	10. FIELD AND POOL, OR WILDCAT Rhodes (Yates)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec.~~15~~ 8, T26S, R37E

14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3000' GL	12. COUNTY OR PARISH Lea	13. STATE NM

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

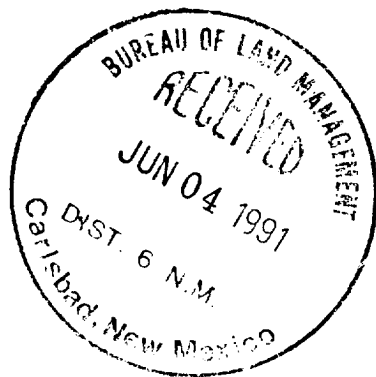| NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☒	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			
(Other)				(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.

BUREAU OF LAND MANAGEMENT
RECEIVED
JUN 04 1991
DIST. 6 N.M.
Carlsbad, New Mexico

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

SIGNED _Grace Waletke_   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