

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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OFFICE FOR NUMBER
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(Other instructions on reverse
side)

BLM Roswell District
Modified Form No.
NM060-3160-4

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Meridian Oil Inc.		8. FARM OR LEASE NAME Rhodes GSU	
3. ADDRESS OF OPERATOR 21 Desta Dr., Midland, TX 79705		9. WELL NO. 2	
3a. AREA CODE & PHONE NO. 915-686-5600		10. FIELD AND POOL, OR WILDCAT Rhodes (Yates) <i>SL gas</i>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit L 1980' FGL & 660' FWL <i>A 660' N & E</i>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15 T26S, R37E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3000' GL	12. COUNTY OR PARISH Lea	13. STATE NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Refrac Yates	<input checked="" type="checkbox"/>

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(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.)*

Proposed Operation - Refrac Yates.

See attached proposal for details.

RECEIVED
APR 8 10 30 AM '91
CARLOS G. GARCIA
AREA MANAGER

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

SIGNED Robert L. Broadshaw TITLE Sr. Staff Environmental Rep. DATE 4/4/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 4-15-91
CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**