

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse
side)

BLM Revised Format
Modified Form No.
NM060-3160-4

5. LEASE DESIGNATION AND SERIAL NO.
LC-030181A

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

Rhodes GSU

3. ADDRESS OF OPERATOR

21 Desta Dr., Midland, TX 79705

3a. AREA CODE & PHONE NO.

915-686-5600

9. WELL NO.

22

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit G 1980' FNL & 1980' FWL

10. FIELD AND POOL, OR WILDCAT

Rhodes (Yates) SR gas

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

Sec. 8, T26S, R37E

14. PERMIT NO.

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

2981.1' 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:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) **Refrac Yates**

☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☐
☐
☐
☐

(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 procedures for details.

APR 8 10 32 AM '91

RECEIVED

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

SIGNED

Robert S. Brackshaw

TITLE

Sr. Staff Env. Representative

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

Rev. L. A. 1891

APR 17 1891

Old

MOSES COMPANY

5. Kill well. ND frac valve, NU BOP. RIH with bit and clean out sand with foam. POOH. RIH with mud anchor, perforated sub, SN, and production tubing to $\pm 2825'$. RIH with pump and rods. Space out and put on pump.

Approved: _____
T. J. Harrington

Date: _____