

UNITED STATES  
DEPARTMENT OF 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-030181-A

**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

2. NAME OF OPERATOR  
MERIDIAN OIL INC.

3. ADDRESS OF OPERATOR  
P.O. Box 51810, Midland, TX 79710-1810

3a. AREA CODE & PHONE NO.  
915-688-6906

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
P, 660' FEL & 660' FSL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
RHODES GSU

9. WELL NO.  
23

10. FIELD AND POOL, OR WILDCAT  
RHODES (YATES) SR gas

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

8, T-26-S, R-37-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
2942.8' GR

12. COUNTY OR PARISH  
LEA

13. STATE  
N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) SCALE CONVERTER & ACID JOB

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

X

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.)\*

PUMP 3 DRUMS OF S4531 CASO4 CONVERTER DOWN ANNULUS. SHUT WELL IN FOR 24 HOURS. PUMP 1000 GALLONS OF 7-1/2% NEFE HCL ACID DOWN ANNULUS. LEAVE TUBING SHUT-IN WHILE PUMPING. ALLOW ACID TO SOAK FOR 2 HOURS, THEN PUT WELL ON PUMP.

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

SIGNED

*Maria L. Perez*

TITLE

PRODUCTION ASST.

DATE

4-16-92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

4/30/92

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side