

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-030181A

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.
23

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

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.)
2942.8'

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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

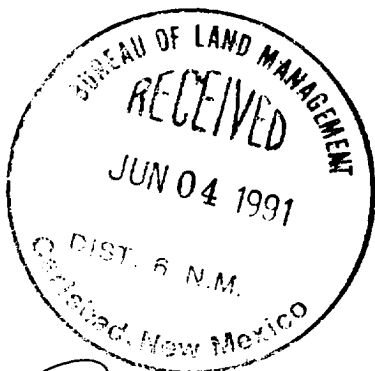
WATER SHUT-OFF ☐
FRACTURE TREATMENT ☒
SHOOTING OR ACIDIZING ☐
(Other) ☐

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.)*

See Attachment.



RECEIVED FOR RECORD
Adm

JUN 04 1991

BLM DISTRICT 6 NEW MEXICO

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

SIGNED

Conne Walick

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**