

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

UNIT 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

**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   |   | 5. LEASE DESIGNATION AND SERIAL NO.<br>LC-030181A                      |                 |
| 2. NAME OF OPERATOR<br>Meridian Oil Inc.  |   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                   |                 |
| 3. ADDRESS OF OPERATOR<br>21 Desta Dr., Midland, TX 79705   |   | 7. UNIT AGREEMENT NAME   |                 |
| 3a. AREA CODE & PHONE NO.<br>915-686-5600   |   | 8. FARM OR LEASE NAME<br>Rhodes GSU                                    |                 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>Unit P 660' FEL & 660' FSL |   | 9. WELL NO.<br>23  |                 |
|   |   | 10. FIELD AND POOL, OR WILDCAT<br>Rhodes (Yates) SR gas                |                 |
|   |   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec.08, T26S, R37E |                 |
| 14. PERMIT NO.  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>2942.8' | 12. COUNTY OR PARISH<br>Lea  | 13. STATE<br>NM |

**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 ☐

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

(Other) Refrac Yates

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐  
FRACTURE TREATMENT ☐  
SHOOTING OR ACIDIZING ☐

REPAIRING WELL ☐  
ALTERING CASING ☐  
ABANDONMENT\* ☐

(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 32 AM '91  
CARLSON OFFICE  
AREA RECORDERS

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

SIGNED

*Robert L. Bradshaw*

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

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APR 17 1891

SECRET