

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

50025-24534  
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 P.O. Box 51810, Midland, TX 79710-1810		3a. AREA CODE & PHONE NO. 915/688-6943	9. WELL NO. 12
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface UNIT P, 660' FSL & 660' FEL		10. FIELD AND POOL, OR WILDCAT RHODES YATES SR	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 9, T-26-S, R-37-E	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2989.7 GR	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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(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.)\*

5/7/92 MIRU. NDWH, NU BOP. PUMP FRESH WATER DOWN CSG, LOAD W/ 3 BBLs. PUMP 60 BBLs FRESH WATER DOWN TBG. SDFN.

5/8/92 RUWL. RUN FREEPOINT & CUT TBG @ 2830'. POOH. RUN CSG SCRAPER TO 2805'. POOH. PU CIBP, RIH ON TBG, SET CIBP @ 2800'. CIRC HOLE W/ 9 PPG GELLED BRINE. SPOT 5 SXS CLASS "C" CMT W/ 2% CACL2 ON CIBP. POOH. RUWL, PERF 4 SQZ HOLES @ 2640'. ESTABLISH PUMP-IN RATE OF 2-1/2 BPM @ 750 PSI DOWN CSG. RIH, SET HOWCO CMT RETAINER ON TBG @ 2510', SQZ W/ 35 SXS CMT. DUMP 5 SXS CLASS "C" CMT W/ 2% CACL2 ON TOP OF RETAINER. POOH, LD 40 JTS 2-3/8" TBG. SDON.

5/9/92 RUWL. PERF 4 SQZ HOLES @ 1345'. TIH W/ CMT RET ON TBG, SET @ 1220'. EST CIRC 1600 PSI, BROKE TO 200 PSI @ 5 BPM OUT 8-5/8" @ SURFACE. CMT TO SURFACE W/ 375 SXS CLASS "C" CMT W/ 2% CACL2. RDMOSU.

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

SIGNED C. Kurt Theopoli TITLE PRODUCTION ASSISTANT DATE 11/04/92  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side