

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED  
OFFICE FOR NUMBER  
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(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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <b>LC-030176</b>	
2. NAME OF OPERATOR <b>Meridian Oil Inc.</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>P.O. Box 51810, Midland, TX 79710-1810</b>		7. UNIT AGREEMENT NAME	
3a. AREA CODE & PHONE NO. <b>915/688-6898</b>		8. FARM OR LEASE NAME <b>Rhodes GSU</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>P, 660' FSL &amp; 660' FEL, Sec 9, 26S, 37E</b>		9. WELL NO. <b>12</b>	
		10. FIELD AND POOL, OR WILDCAT <b>Rhodes Yates</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 9, 26S, 37E</b>	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>2989.7 GR</b>	12. COUNTY OR PARISH <b>Lea</b>	13. STATE <b>NM</b>

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <b>TA Wellbore</b>	<input checked="" 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.)\*

Notify BLM and New Mexico OCD prior to starting work.

RIH with casing scraper to 2800', set CIBP at 2800'. Circulate hole with inhibited 2% KCL water.

Pressure test casing for 30 minutes. Cut chart during test.

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

SIGNED <u><i>Gene Malik</i></u>	TITLE <u>Reg. Compliance Rep.</u>	DATE <u>3/24/92</u>
(This space for Federal or State office use)		
APPROVED BY <u><i>David P. Hall</i></u>	TITLE <u></u>	DATE <u>3-27-92</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side