Form 3160-5 (July 1989)

UNIT LU STATES

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

BLM Roswell District Modified Form No. NM060-3160-4

DEPARTMENT OF THE INTERIOR LEASE DESIGNATION AND SERIAL NO. (Formerly 9-331) BUREAU OF LAND MANAGEMENT -032510-B IF INDIAN, ALLOTTEE OR TRIBE NAME 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.) UNIT AGREEMENT NAME GAS WELL X OTHER NAME OF OPERATOR FARM OR LEASE NAME Meridian Oil Inc. Rhodes GSU ADDRESS OF OPERATOR 3a. AREA CODE & PHONE NO. WELL NO. P.O. Box 51810, Midland, TX 79710-1810 915-686-5600 7 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* FIELD AND POOL, OR WILDCAT See also space 17 below.) Rhodes (Yates, 7 Rivers) At surface 11. SEC., T., R., M., OR BLK, AND Unit F 1980' FNL & 1830' FWL SURVEY OR AREA Sec. 15, T26S, R37E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE 3002.9'GL Lea NM Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT ALTERING CASING SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ABANDONMENT* REPAIR WELL CHANGE PLANS (Other) (NOTE: Report results of multiple completion on Well (Other)

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

See Attachment.



FO FOR PU

| 8. I hereby certify that the foregoing is true and correct | TITLE | Reg. Analyst | DATE | 5/28/91 |
|--|-------|--------------|------|---------|
| (This space for Federal or State office use) | | | | |
| APPROVED BY CONDITIONS OF APPROVAL, IF ANY: | TITLE | | DATE | |

JUN 3 () 1991