CONTACT RECEIVIN **BLM Roswell District** Form 3160-5 OFFICE FOR NUMBER Modified Form No. UNI". STATES NM060-3160-4 OF COPIES REQUIRED (July 1983) DEPARTMENT OF THE INTERIOR (Other instructions on reverse (Formerly 9-331) LEASE DESIGNATION AND SERIAL NO. BUREAU OF LAND MANAGEMENT LC-0302510B C 3 2574 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 OIL WELL GAS WELL X OTHER NAME OF OPERATOR 8. FARM OR LEASE NAME Meridian Oil Inc. Rhodes GSU ADDRESS OF OPERATOR 3a. AREA CODE & PHONE NO. 9. WELL NO. 21 Desta Dr., Midland, TX 79705 915-686-5600 7 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 10. FIELD AND POOL, OR WILDCAT See also space 17 below.) Rhodes (Yates, 7 Rivers)) At surface 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit F 1980' FNL & 1830' FWL Sec. 15, T26S, R37E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE 3002.9' GL 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 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 Completion or Recompletion Report and Log form.) (Other) Refrac Yates 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 Proposed Operation - Refrac Yates. See attached proposal for details. [1] C صّ 18. I hereby certify that the foregoing is true and correct Sr. Staff Environmental Rep. SIGNED TITLE 4/4/91

*See Instructions on Reverse Side

* 1

TITLE

DATE

DATE

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

RECALVAD

APR 1 6 1991

POSSE CONTRACT