BLM Roswell District CONTACT RECEIV Modified Form No. NM060-3160-4 OFFICE FOR NUMBER OF COPIES REQUIRED Form 3160-5 UNITED STATES (July 1989) (Other instructions on reverse DEPARTMENT OF THE INTERIOR LEASE DESIGNATION AND SERIAL NO. (Formerly 9-331) BUREAU OF LAND MANAGEMENT NM-12026 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 WELL X OTHER FARM OR LEASE NAME 2. NAME OF OPERATOR Meridian Oil Inc. Lineberry 3a. AREA CODE & PHONE NO. WELL NO. ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-1810 915-686-5681 FIELD AND POOL, OR WILDCAT 10. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) Rhodes (Yates, 7 Rivers) At surface 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 500' FNL & 1980' FWL Sec. 28, T26S, R37E 12. COUNTY OR PARISH 13. STATE 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) NM 2968.3' GR Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF FRACTURE TREATMENT ALTERING CASING MULTIPLE COMPLETE FRACTURE TREAT ABANDONMENT' SHOOTING OR ACIDIZING SHOOT OR ACIDIZE ABANDON* (Other) Pressure Test Casing REPAIR WELL CHANGE PLANS (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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 Chart attached from test run 8-9-91. The casing was tested to 500 psi and witnessed by Jack Johnson, BLM. Production casing is in satisfactory condition. Meridian hereaby requests that the well be continued on temporarily abandoned status to allow time for the well to be properly evaluated for recompletion potential or PA'd or sold. APPROVED FOR 12 MONTH PERIOD ENDING 8-1

Regulatory Compliance Rep.

August 14, 1991

8/20/91

DATE

TITLE

TITLE

certify that the foregoing is true and

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(This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY:

18. I hereby

SIGNED

APPROVED BY