BLM Roswell District CONTACT RECEIVING OFFICE FOR NUMBER Modified Form No. Form 3160-5 UNI: J STATES OF COPIES REQUIRED (July 1989) (Other instructions on reverse DEPARTMENT OF THE INTERIOR 5. LEASE DESIGNATION AND SERIAL NO. (Formerly 9-331) BUREAU OF LAND MANAGEMENT LC-030177-B 6. 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 WELL X OTHER 8. FARM OR LEASE NAME NAME OF OPERATOR C. W. SHEPHERD FED. MERIDIAN OIL INC. 3a AREA CODE & PHONE NO. WELL NO. ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-1810 915-688-6906 10. FIELD AND POOL, OR WILDCAT LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) RHODES-YATES-7 RVS GAS At surface SEC., T., R., M., OR BLK. AND SURVEY OR AREA B. 660' FNL & 1980' FEL 5,T-26-S, R-(36)-E 12. COUNTY OR PARISH 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14 PERMIT NO. 2980' GR Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL TEST WATER SHUT-OFF FRACTURE TREATMENT ALTERING CASING MULTIPLE COMPLETE FRACTURE TREAT ARANDONMENT* ABANDON* SHOOTING OR ACIDIZING SHOOT OR ACIDIZE (Other) TO CORRECT LEASE NAME CHANGE PLANS REPAIR WELL (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 work.)* TO CORRECT LEASE NAME FROM THE C. W. SHEPHERD B FEDERAL WELL NO. 7

13. STATE

NEW MEX.

TO THE C. W. SHEPHERD FED. WELL NO. 7

LPTED FOR ALL W.D. O. L. A. L.

Congression and Alexander

18. I hereby certify that the foregoing is true and correct	TITLE	PROD. ASST.	DATE	9-12-91
(This space for Federal or State office use)				
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE _	

SEP 24 1991

t graver

HOBES CAUCE