

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED!  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   |   | 5. LEASE DESIGNATION AND SERIAL NO.<br><b>NM-12611</b>                             |                        |
| 2. NAME OF OPERATOR<br><b>Meridian Oil Inc.</b>  |   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME   |                        |
| 3. ADDRESS OF OPERATOR<br><b>21 Desta Dr., Midland, TX 79705</b>   |   | 7. UNIT AGREEMENT NAME   |                        |
| 3a. AREA CODE & PHONE NO.<br><b>915-686-5600</b>   |   | 8. FARM OR LEASE NAME<br><b>Myers B</b>  |                        |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br><b>At surface</b><br><br><b>1980' FNL &amp; 1980' FWL</b> |   | 9. WELL NO.<br><b>5</b>  |                        |
|  |   | 10. FIELD AND POOL, OR WILDCAT<br><b>Jalmat (Tansill, Yates, 7 Rv)</b>             |                        |
|  |   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><br><b>Sec. 11, T24S, R36E</b> |                        |
| 14. PERMIT NO.   | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><b>3382.5' GR</b> | 12. COUNTY OR PARISH<br><b>Lea</b>   | 13. STATE<br><b>NM</b> |

16. **Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data**

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) **Add Perfs and Stimulate**

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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.)\*

Add additional perforations and stimulate for production.  
This procedure is attached.

RECEIVED  
JAN 23 8 53 AM '91  
OASIS AREA

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

SIGNED

*Robert E. Brashaw*

TITLE

**Sr. Staff Env/Reg Specialist**

DATE

**23 January 1991**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

*1-30-91*

CONDITIONS OF APPROVAL, IF ANY:

**\*See Instructions on Reverse Side**