(1.1.4000)	JNI) STATES	OFFICE FOR NUMBER OF COPIES REQUIRED	NM060-3160-4 30-025-	
(July 1989) (Formerly 9-331) DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT		(Other instructions on reverse side)	5. LEASE DESIGNATION AND SERIAL NO. LC-030176-B	
(Do not use this form for proposals	ES AND REPORTS ON to drill or to deepen or plug back to FOR PERMIT-" for such proposals.)		6. IF INDIAN, ALLOTTEE	OR TRIBE NAME
1. OIL GAS WELL CONFIDENTIAL 2. NAME OF OPERATOR OIL GAS WELL CONFIDENTIAL			7. UNIT AGREEMENT NAME	
			8. FARM OR LEASE NAM	8. FARM OR LEASE NAME
MERIDIAN OIL INC.			C. C. CAGLE C	
3. ADDRESS OF OPERATOR		3a. AREA CODE & PHONE NO.	9. WELL NO.	
P.O. Box 51810, Midland,		915-688-6906	4	
 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface L, 1980' FSL & 660' FWL 			10. FIELD AND POOL, OR WILDCAT RHODES YATES—SEVEN RVS 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, 2991.1' GR	HI, GH, etc.)	12. COUNTY OR PARISH	13. STATE N. M.
		Matura of Matica Des		14. 141.
16. Check App	propriate Box To Indicate	· · · · · · · · · · · · · · · · · · ·		
NOTICE OF INTENTION TO: SUBSEC			QUENT REPORT OF:	
TEST WATER SHUT-OFF	ULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING W	ELL
FRACTURE TREAT	AULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CA	ASING
SHOOT OR ACIDIZE	BANDON*	SHOOTING OR ACIDIZING	ABANDONME	
REPAIR WELL	HANGE PLANS	(Other) SPUD AND SE	S of multiple completion or	Well X
Work.)* 8-23-91 SPUD 12-1/4" HOLE W/250 SXS C CMT 2% CACL + STOP RING. TESTED BOP AND C.	0.25 PPS FLOCELE. CIRCD	40 SXS CMT TO PIT. US	ED 4 CENTRALIZERS	2'. CMTD AND ONE
	Don			
18. I hereby certify that the foregoing is, to	ue and correct	PROD. ASST.	DATE1	0-10-91
(This space for Federal or State office	use)			
APPROVED BY	TITLE		DATE	

*See Instructions on Reverse Side

HEORIVED

JAN 1 % 1993

COST HORRISON