

5. LEASE DESIGNATION AND SERIAL NO.
LC-030177-B

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL GAS WELL OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
MERIDIAN OIL INC.

8. FARM OR LEASE NAME
C. W. SHEPHERD FED.

3. ADDRESS OF OPERATOR
P.O. Box 51810, Midland, TX 79710-1810

3a. AREA CODE & PHONE NO.
915-688-6906

9. WELL NO.
8

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
C, 1100' FNL & 1980' FWL

10. FIELD AND POOL, OR WILDCAT
RHODES-YATES-7 RVS GAS

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
5, T-26-S, R-37-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2972.6' GR

12. COUNTY OR PARISH
LEA

13. STATE
NEW MEX.

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)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) **TO CORRECT LEASE NAME**

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.)*

TO CORRECT LEASE NAME FROM THE C. W. SHEPARD FED. WELL NO. 8 TO THE C. W. SHEPHERD FED. WELL NO. 8

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

SIGNED *Mark F. Kelly*

TITLE PROD. ASST.

DATE 9-12-91

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**

9

RECEIVED

SEP 24 1991

CCB
HOBBS OFFICE