

Form 3160-5
(July 1989)
(Formerly 9-331)

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

5. LEASE DESIGNATION AND SERIAL NO.
LC-030181-A

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.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
MERIDIAN OIL INC.

8. FARM OR LEASE NAME
RHODES GSU

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

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

9. WELL NO.
26

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
C, 660' FNL & 1980' FWL

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

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2977.0' GR

12. COUNTY OR PARISH
LEA

13. STATE
N. M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) **SET PRODUCTION CSG.**

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

(Other)

(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.)*

8-31-9L DRLD 7-7/8" HOLE TO 3100. TD.

9-1-91 RAN 70 JTS 4-1/2", 11.60#, K-55, LTC CSG, SET AT 3100'. CMTD W/570 SXS HOWCO LITE + 9 PPS SALT, 1/4 PPS FLOCELE; TAILED IN W/320 SXS C + 3 PPS SALT + 0.4% HALAD-344. CIRCD 65 SXS TO SURFACE, USED 12 CENTRALIZERS. BUMPED PLUG W/1000 PSI FOR 30 MINUTES. O.K. WOC 14 DAYS.

Ad

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

SIGNED

[Signature]

TITLE

PRODUCTION ASST.

DATE

10-31-91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**