Form 3160-5 (July 1989)

BLM Roswell District CONTACT RECEIVI OFFICE FOR NUMBER Modified Form No. UNITED STATES NM060-3160-4 OF COPIES REQUIRED DEPARTMENT OF THE INTERIOR (Other instructions on reverse LEASE DESIGNATION AND SERIAL NO. (Formerly 9-331) BUREAU OF LAND MANAGEMENT LC-030181-A 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.) 7. UNIT AGREEMENT NAME GAS WELL X OTHER 8. FARM OR LEASE NAME NAME OF OPERATOR RHODES GSU MERIDIAN OIL INC. 3a. AREA CODE & PHONE NO. WELL NO. ADDRESS OF OPERATOR 26 915-688-6906 P.O. Box 51810, Midland, TX 79710-1810 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 10. FIELD AND POOL, OR WILDCAT See also space 17 below.) RHODES-YATES-7 RIVERS At surface 11. SEC., T., R., M., OR BLK. AND C, 660' FNL & 1980' FWL SURVEY OR AREA 8, T-26-S, R-37-E 12. COUNTY OR PARISH 13. STATE 15. ELEVATIONS (Show whether DF, RT, GR, etc.) PERMIT NO. N. M. 2977.0' GR LEA Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16 SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: REPAIRING WELL PULL OR ALTER CASING WATER SHUT-OFF TEST WATER SHUT-OFF ALTERING CASING MULTIPLE COMPLETE FRACTURE TREATMENT FRACTURE TREAT SHOOTING OR ACIDIZING ABANDONMENT* ABANDON* SHOOT OR ACIDIZE (Other) SPUD & SET SURF. CSG. X CHANGE PLANS SEPAIR WELL (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 8-27-91 SPUDDED 12-1/4" HOLE. DRLD TO 405'. RAN 10 JTS, 8-5/8", 24#, 8 RD, K-55, BTC CSG, SET AT 405'. CMTD W/250 SXS C 2% CACL + 1/4 PPS FLOCELE. CIRCD 12 SXS TO SURFACE. USED 4 CENTRALIZERS. WOC 18 HRS. BUMPED PLUG TO 600# FOR 30 MINUTES, O.K. 102-

*See Instructions on Reverse Side

PRODUCTION ASST.

10-31-91

DATE

DATE

TITLE

I nereby certify that the foregoing, is true and correct

This space for Federal or State office use)-

CONDITIONS OF APPROVAL, IF ANY:

SIGNED

APPROVED BY

RECOUNT

NOV 2 0 1991

MORES OFFICE