

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
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-030177-B

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
C. W. SHEPHERD FED.

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

3a. AREA CODE & PHONE NO.
915-688-6943

9. WELL NO.
10

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
P, 890' FSL & 660' FEL

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

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SEC. 6, T-26-S, R-37-E

14. PERMIT NO.
30-025-31612

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2970.7 GR

12. COUNTY OR PARISH
LEA

13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	SET 8-5/8" SURFACE CASING		<input checked="" type="checkbox"/>

(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.)*

6-11-92 SPUD WELL ON 6-10-92. DRLD 12-1/4" HOLE TO 432'. SET 8-5/8" 28# CSG @ 432'.
CMTD W/ 320 SX CLASS "C" CMT + 2% CACL2 + 1/4 PPS FLOCELE. CIRC 10 SX CMT TO SURFACE.
PLUG DOWN @ 7:45 PM. WOC 18 HRS. TEST CSG TO 1500' PSI.

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

SIGNED

Karam Schale

TITLE

PRODUCTION ASST.

DATE

06-30-92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side