

## 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <b>LC-032510-B</b>
2. NAME OF OPERATOR <b>MERIDIAN OIL INC.</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>P.O. Box 51810, Midland, TX 79710-1810</b>	3a. AREA CODE & PHONE NO. <b>915-688-6906</b>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>A, 990' FNL &amp; 660' FEL</b>		8. FARM OR LEASE NAME <b>GREGORY "B" FEDERAL</b>
		9. WELL NO. <b>2</b>
		10. FIELD AND POOL, OR WILDCAT <b>RHODES-YTS-7RVS (GAS)</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>15, T-26-S, R-37-E</b>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>2986.6'GR</b>	12. COUNTY OR PARISH <b>LEA</b>
		13. STATE <b>N.M.</b>

### 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 ☐

REPAIRING WELL ☐  
ALTERING CASING ☐  
ABANDONMENT\* ☐

(Other) **SPUD AND SET SURF CSG**

(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.)\*

**5-24-93 SPUD 12-1/4" HOLE, DRILL TO 435'. RAN 8-5/8" 28#, K-55 CSG SET AT 435'. CMTD CSG W/320 SXS "C" CMT W/2% CACL2 + 1/4 PPS FLOCELE. CIRC'D 5 SXS CMT TO SURFACE. USED 4 CENTRALIZERS. WOC 18 HRS. PUMPED PLUG TO 1500 PSI FOR 30 MINUTES, O.K.**

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

SIGNED Maria L. Perez TITLE PRODUCTION ASST DATE 6-23-93

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**\*See Instructions on Reverse Side**

RECEIVED

JUL 17 1993

U.S. DEPT. OF JUSTICE