

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
LC 030174-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No. RHODES A
3

9. API Well No.
30-025-32168

10. Field and Pool, or Exploratory Area
RHODES YTS, 7RVRS

11. County or Parish, State
LEA COUNTY, NM

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
MERIDIAN OIL INC.

3. Address and Telephone No.
P.O. Box 51810 Midland, TX 79710 915-688-6943

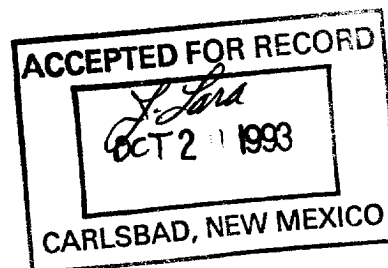
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1140 1445 FNL & 660' FEL
SEC. 22, T26S, R37E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other SET PRODUCTION CASING
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)
DRLD 7 7/8" HOLE TO 3234'. RAN 77 JTS OF 4 1/2" 11.6# K-55 CSG. SET AT 3234'. USED 12 CENTRALIZERS. CMTD W/LEAD: 470 SXS 'C' W/6% GEL, 9 PPS SALT, & 0.25 PPS CELLO-SEAL, TAIL: 300 SXS 'C' W/2% KCL & 0.7% CF-19. CIRC 25 SXS TO PIT. WOC 17 DAYS. BMPED PLUG TO 1000 PSI FOR 30 MINS. OK



RECEIVED

OCT 4 9 23 AM '93

CARLSBAD AREA

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

Signed Donna Williams Title PRODUCTION ASSISTANT Date 10/1/93

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: