

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

U.S. M. OIL CONS. COMMISSION  
P.O. BOX 1980  
HOBBS, NEW MEXICO 88240

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**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)

O, 760 FSL & 1980' FEL

SEC. 21, T26S, R37E

5. Lease Designation and Serial No.  
LC 030181 C

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No. MOBERLY RHODE  
WATERFLOOD PROJ. # 2

9. API Well No.

30-025-32506

10. Field and Pool, or Exploratory Area

RHODES YTS 7RVR QN

11. County or Parish, State  
LEA COUNTY, NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ 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.)\*

PRESENTLY, THE WELL IS SHUT IN W/O FACILITY CONSTRUCTION. WILL SUBMIT 4 POINT TEST AT TIME OF POTENTIAL.

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

Signed

*Donna Williams*  
DONNA WILLIAMS

Title PRODUCTION ASSISTANT

Date 6/6/94

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: