

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

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

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 & 1980¹ FEL

SEC. 21, T26S, R37E

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 SET PRODUCTION CSG
☐ 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 Recommendation 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.)*

DRILD 7 7/8" HOLE TO 3850'. RAN 93 JTS OF 5 1/2" 15.5# K-55 LTC CSG AND SET AT 3850'. USED TWELVE CENTRALIZERS. CMTED W/LEAD: 600 SXS 'C' LITE + 6% BENTONITE + 5% SALT + 6 PPS HI-SEAL. TAIL W/475 SXS 'C' + .5% CF-2 + 3 PPS KCL. CIRC. 150 SXS. WOC 2 DAYS.

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: