LIMITED STATES

CONTACT RECEIVING OFFICE FOR NUMBER

BLM Roswell District Modified Form No.

NM060-3160-4						
LEASE DESIGNATION	AND SERIAL					

			OF COPIES REQUIRED (Other instructions on reverse side)	5. LEASE DESIGNATION AND SERIAL NO. LC-055546		
SUND (Do not use this	form for proposals	ES AND REPORTS On to drill or to deepen or plug back of FOR PERMIT-" for such proposals.)	N WELLS to a different reservoir.	6. IF INDIAN, ALLOTTEE C	OR TRIBE NAME	
1. OIL GAS WELL WELL	X OTHER			7. UNIT AGREEMENT NAN	1E	
2. NAME OF OPERATOR			-	8. FARM OR LEASE NAME	Ē	
MERIDIAN OIL INC.				WELLS FEDERAL	<u> </u>	
3. ADDRESS OF OPERATOR			3a. AREA CODE & PHONE NO.	9. WELL NO.		
P.O. Box 51810, Midland, TX 79710-1810 915-6			915-688-6943	3	·	
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			10. FIELD AND POOL, OR WILDCAT JALMAT-TANSIL-YATES-7R			
K, 1980' FSL & 1	980' FWL			11. SEC., T., R., M., OR B SURVEY OR AREA 4, T-25-S, R-3		
14. PERMIT NO.		15. ELEVATIONS (Show whether D	F, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE	
30-025-11	141	3195' GR		LEA	NM	
16.	Check Ap	propriate Box To Indicate	e Nature of Notice, Report	rt, or Other Data		
1	OTICE OF INTENTIO	N TO:	SUBSEQU	ENT REPORT OF:		
TEST WATER SHUT-OFI FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)		PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS		REPAIRING WI ALTERING CAS ABANDONMEN of multiple completion on pletion Report and Log for	SING X	
	OR COMPLETED OP	ERATIONS (Clearly state all pertinent drilled, give subsurface locations at	Completion or Recommendation of Recommendation o	luding estimated date of s	tarting any pro-	

4-22-92 KILL WELL. TOOH W/ 3075' (106 JTS) 2-3/8" TBG & 12'-PERF SUBS. RIH W/ 4-7/8" BIT TO 2950' POOH. RIH W/ CIBP TO 2935'.

4-23-92 SPOT 35 SX CMT PLUG FROM 2935'-CACL TOP 2610'. PUH TO 1500'. SPOT 45 SX CMT PLUG FROM 1500'-CALC TOP 1065. POOH. WO CMT. RIH W/ TBG. TAG PLUG @ 1103'. PULL UP TO 50', CIRC 5 SX CMT TO SURF. P & A COMPLETE.

Approved on the control Liablity has a summer of the s

SIGNED Certify that the foregoing is true and correct	TITLE	PRODUCTION ASST.	DATE	06-04-92
(This space for Federal or State office use) APPROVED BY	TITLE		DATE	6/16/92
CONDITIONS OF APPROVAL, IF ANY:				