

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on reverse
side)

BLM Roswell District
Modified Form No.
NM060-3160-4

5. LEASE DESIGNATION AND SERIAL NO.

NM 14214

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

MERIDIAN OIL INC.

3. ADDRESS OF OPERATOR

P.O. Box 51810, Midland, TX 79710-1810

3a. AREA CODE & PHONE NO.

915-688-6800

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

WELLS FEDERAL

9. WELL NO.

11

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

SEC. 04, T25S, R37E
430 FSL & 2316 FWL

10. FIELD AND POOL, OR WILDCAT

JALMAT TANSILL TYS SE

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

04, 25S, 37E

14. PERMIT NO.

30-025-11448

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH

LEA

13. STATE

NM

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

(Other) ABANDONMENT APPROVAL

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

X

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.)*

LOCATION HAS BEEN CLEANED AND IS READY FOR FINAL ABANDONMENT APPROVAL.

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

SIGNED

TITLE

PRODUCTION ASSISTANT

DATE

6/25/93

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**