Form 3160-5

UNITED STATES

CONTACT RECEIVE OFFICE FOR NUMBER OF COPIES REQUIRED

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

(July 1989) (Formerly 9–331)		ENT OF THE INDEPENDENT OF LAND MANAGE		(Other instructions on rever side)	5. LEASE DE	SIGNATION AND SERIAL NO.	
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.)						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
1. OIL GAS WELL X OTHER						7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR						LEASE NAME	
MERIDIAN OIL INC.						WELLS FEDERAL	
3. ADDRESS OF OPERATOR 3a. AREA CODE & PHONE NO.						9. WELL NO.	
P.O. Box 51810, Midland, TX 79710-1810 915-688-6906						11	
 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-7RV	
N, 430' FSL & 2316.6 ' FWL						11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
2317						6 B 27 E	
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)						-S, R-37-E OR PARISH 13. STATE	
14. PERMIT NO.		3171.6' GR	ow whether Dr,	n1, GR, 810.)	LEA	N.M.	
	Obsale Ass	· · · · · · · · · · · · · · · · · · ·	'a Indianta I	Nature of Nation Po			
16.	Cneck App	propriate Box i	o indicate i	Nature of Notice, Re	port, or othe	r Dala	
NOTICE OF INTENTION TO: SUBSEQU						JENT REPORT OF:	
TEST WATER SHUT-OFF	P	ULL OR ALTER CASING		WATER SHUT-OFF	R	EPAIRING WELL	
FRACTURE TREAT	~	ULTIPLE COMPLETE		FRACTURE TREATMENT	A	LTERING CASING	
SHOOT OR ACIDIZE	A .	BANDON*		SHOOTING OR ACIDIZING		BANDONMENT*	
REPAIR WELL	c	HANGE PLANS		(Other) TEMPORARIL	Y ABANDONED ults of multiple con		
(Other)					completion Report a	ind Log form.)	
SAN ANDRES FORMA WHICH IS AT 2675' THEREFORE, IT IS R CASING INTEGRITY T	TION AND THE ALSO, AS EQUESTED TEST.	HE FLUID LEVEL BRADENHEAD T	AT 3131'IS EST DATED :	ERS FORMATION WHICH BELOW THE BASE OF 2-20-92 SHOWS NO C	THE SALT CASING LEAKS.		
ENIDING _	2/20	/93					
18. I hereby certify that the SIGNED MANUEL	foregoing is the	200	TLE	PRODUCTION ASST.	DATE	2-24-92	
(This space for Federal	or State office			: 31 may 1 1 ;		3/2/92	
APPROVED BY CONDITIONS OF APPROVA	, IF ANY:	π	TLE		DATE	21001100	