

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-4355

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 ☐ **API 30-025-2851**

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
MERIDIAN OIL, INC.

8. FARM OR LEASE NAME
PRICHARD "A"

3. ADDRESS OF OPERATOR
P.O. Box 51810, Midland, TX 79710-1810

3a. AREA CODE & PHONE NO.
(915)688-6943

9. WELL NO.
1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
G, 1980' FNL & 1980' FEL

10. FIELD AND POOL, OR WILDCAT
JALMAT-TANSILL-YTS-7RVR

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

SEC 9, T25S, R37E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3153' GR

12. COUNTY OR PARISH
LEA

13. STATE
NM

16. **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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(Other)

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

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.)*

06/13/91 RIH W/ BIT. CLEANED OUT TO PBTD.

06/14/91 CLEANED OUT TO 3150'. TESTED ANNULUS TO 1000#, OK.

06/15/91 FRAC'D YATES W/ 10,920 G 40# WF140 FOAMED 50 Q CO2, W/ 73,000#
12/20 BRADY SD.

06/16/91 WELL DEAD. TAGGED SAND @ 2960'. CLEANED OUT W/ FOAM TO PBTD 3150'.

06/18/91 RIH W/ 2" X 1 1/2" X 12' RWBC PUMP. 2 3/8" TBG SET @ 3051'.
TURN TO PRODUCTION 06/18/92

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

SIGNED

Rebecca Schaefer

TITLE

PRODUCTION ASST

DATE

03/03/92

(This space for Federal or State office use)

APPROVED BY

David H. Galt

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

1002

*See Instructions on Reverse Side

RECEIVED

MAR 1 2 1992

OCD HOERS OFFICE