

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

5. LEASE DESIGNATION AND SERIAL NO.
NM-0766

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER API NO. 30-025-11713 | | 7. UNIT AGREEMENT NAME | |
| 2. NAME OF OPERATOR MERIDIAN OIL INC. | | 8. FARM OR LEASE NAME CARLSON | |
| 3. ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-1810 | | 3a. AREA CODE & PHONE NO. 915-688-6898 | 9. WELL NO. 3 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface P, 660' FSL & 660' FEL | | 10. FIELD AND POOL, OR WILDCAT LANGLIE MATTIX 7R-QN | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 23, T-25-S, R-37-E | |
| 14. PERMIT NO. 30-025-11713 | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3073.6' GR | 12. COUNTY OR PARISH LEA | 13. STATE N.M. |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

(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.)*

THIS IS A CORRECTION TO SUNDRY APPROVED 5/6/92 BY DAVID GLASS TO CORRECT LOCATION AND API NO.

NOTIFY BLM 24 HRS BEFORE COMMENCING WORK.

RIH W/CASING SCRAPER TO +/- 2900'. SET CMT RETAINER ON TUBING @ +/- 2900'. SQUEEZE OPEN HOLE WITH 65 SX (22 SX EXCESS) CL. C CMT. STING OUT OF RETAINER AND SPOT 10 SX ON PLUG. PULL UP AND CIRC HOLE WITH 9 PPG GELLED BRINE.

PULL UP TO 2200', SPOT PLUG ACROSS BASE OF SALT AT 2070' - 2200'. USE 25 SX CMT. PULL UP TO 1310' AND SPOT PLUG ACROSS TOP OF SALT AT 1190' - 1310'. USE 25 SX. PULL UP TO 360' AND SPOT PLUG ACROSS SURFACE CASING SHOE AT 250' - 360'. USE 25 SX.

PERFORATE FOUR (4) SQUEEZE HOLES AT +/- 50'. OPEN BRAIDEN HEAD AND CIRC CMT BY PUMPING DOWN 7" CSG. USE 20 SX TO SET SURFACE PLUG.

CUT CASING OFF 3' BELOW GROUND LEVEL AND INSTALL P&A MARKER. RIP AND RECLAIM LOCATION.

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

SIGNED

Connie L. Malik

TITLE

CONNIE L. MALIK

DATE

5/20/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

5/29/92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side