

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N. M. OIL CONS. COMMISSION  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88240

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

MERIDIAN OIL INC.

3. Address and Telephone No.

P.O. Box 51810 Midland, TX 79710

915-688-6800

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

I, 2310' FSL & 990' FEL

25, T-25, R-37

Unit I

5. Lease Designation and Serial No.  
NM 0766

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No. CARLSON "A"  
NO. 2

9. API Well No.

3D-D25-11764

10. Field and Pool, or Exploratory Area  
JUSTIS (FUSSELMAN)

11. County or Parish, State  
LEA, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other CLEANOUT PERFORATIONS

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

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

13. 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.)\*

6/28/93: MIRU. TIH WITH BIT AND SCRAPER TO 6820'.

6/29/93: TIH W/PKR AND SET @ 6319'. TIH W/PCT ON COIL TBG TO 4000'.

7/3/93: ACDZ PERFS 6722' - 6820'. SWAB

7/6/93: TOOH W/TBG AND PKR. TIH WITH SUB PMP. ND BOP. NU WH. TURN OVER TO PRODUCTION.

*J. Lara*  
13 1993



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

Signed

*Donna Williams*  
DONNA WILLIAMS

Title PRODUCTION ASSISTANT

Date 7/7/93

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

RECEIVED