

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

P. O. BOX 9000
HOBBS, NEW MEXICO 88240
CONTACT RECEIVING
OFFICE FOR NUMBER
(Other Post Offices 88240)

BLM Roswell District
Modified Form No.
NMO80-3160-4

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 0766	
2. NAME OF OPERATOR MERIDIAN OIL INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 51810, Midland, TX 79710-1810		7. UNIT AGREEMENT NAME	
3a. AREA CODE & PHONE NO. 915-688-6800		8. FARM OR LEASE NAME CARLSON "A"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface I, 2310 FSL & 990 FEL		9. WELL NO. 2	
14. PERMIT NO. 3D-025-11764		10. FIELD AND POOL, OR WILDCAT JUSTIS (FUSSELMAN)	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3050 GL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 25, T25, R37	
		12. COUNTY OR PARISH LEA	13. STATE NM

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) PERFORATION CLEANOUT <input checked="" 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.)*

1. MIRU PU AND CABLE SPOOLER. KILL WELL WITH 2% KCL IF NECESSARY. ND WH. NU BOP. POOH WITH 2 7/8" TUBING AND SUB PUMP, INSPECTING FOR SIGNS OF PARAFFIN. SEND PUMP TO ESP FOR INSPECTION.
2. PU AND RIH WITH BIT AND SCRAPER FOR 7" 23# CASING ON 2 7/8" TUBING TO 6820'. (PBTD)
3. RIH WITH TYPE VI TREATING PACKER ON 2 7/8" TUBING. SET PACKER AT 6300.
4. NU 2" FULL OPENING VALVE AND LUBRICATOR ON TOP OF BOP'S. RIH WITH TREE SAVER'S PCT TOOL ON 1 1/2" COILED TUBING TO 6820'. RU ACID ENGINEERING. TEST SURFACE EQUIPMENT TO 3100 PSI. TREAT PERFORATIONS IN STAGES WITH A TOTAL OF 8,000 GLS OF PENTOL 200 AT A RATE OF 1 1/2 TO 2 BPM WORKING PCT TOOL UP AND DOWN FOR EACH INTERVAL AS SPECIFIED BELOW:
MAXIMUM PRESSURE = 3100 PSI ANTICIPATED PRESSURE = 2200 PSI

STAGE	INTERVAL	PENTOL 200 TREATMENT VOL. (GALS)
1	6796 - 6820	3,000
2	6744 - 6768	3,000
3	6722 - 6738	2,000
TOTAL		8,000

5. POOH WITH COILED TUBING SWAB WELL TO CLEAN UP. RELEASE PACKER AND POOH WITH TUBING.
6. PU AND RIH WITH SUB PUMP AND +/- 6559 OF 2 7/8" J-55 TUBING. ND BOP. NU WH RETURN TO PRODUCTION

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

SIGNED



TITLE

PRODUCTION ASSISTANT

DATE

6/1/93

(This space for Federal or State office use)

PETROLEUM ENGINEER

APPROVED BY (ORIG. SGD.) JOE G. LARA

TITLE

DATE

JUN 17 1993

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**

RECEIVED

JUN 21 1993

NOB HOBBS
OFFICE

NOB HOBBS OFFICE

NOB HOBBS