

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.

LC 032579

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 WELL ☐ GAS WELL ☒ OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
MERIDIAN OIL INC

8. FARM OR LEASE NAME
CARLSON HARRISON FED COM

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

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

9. WELL NO.
2

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
D, 660' FNL & 660' FWL

10. FIELD AND POOL, OR WILDCAT
JALMAT TANSILL-YATES-7RV

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
SEC 27, T25S, R37E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3048 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

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

PULL OR ALTER CASING

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

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<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.)*

KILL WELL W/ 2% KCL WTR. RIH W/ BIT & SCRAPER AND CLEAN OUT W/ FOAM TO +/-3100'. SET PKR @ +/-2700' AND TEST ANNULUS TO 3050 PSI.

WASH PERFS W/ 3000 GALS 7 1/2% NEFE HCL ACID.

NU SURFACE LINES AND TEST TO 3500 PSI. FRACTURE STIMULATE YATES DN 7" CASING W/ 33,000 GALS 50-QUALITY CO2 FOAM AND 116,000 LBS 12/20 MESH BRADY SAND.

KILL WELL W/ 2% KCL WTR. RIH W/ BIT AND CLEAN OUT W/ FOAM TO +/-3100'. RIH W/ PRODUCTION TBG TO +/-2750'.

RIH W/ PUMP & RODS. SET PUMPING UNIT.

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

SIGNED

Rorann Scholz

TITLE

PRODUCTION ASST

DATE

03/31/92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

4/8/92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side