

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUM  
OF COPIES REC'D  
(Other instructions on re-  
verse side)

BLM Roswell District  
Modified Form No.  
NM60-3160-4

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-0504667.054667	
2. NAME OF OPERATOR Lanexo Inc.		3a. Area Code & Phone No. 915-687-5047	
3. ADDRESS OF OPERATOR P. O. Box 2730, Midland, Texas 79702		8. FARM OR LEASE NAME El Paso Tom Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface J, 1650' FSL & 1650' FEL		9. WELL NO. 6	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2998.2' GR	
10. FIELD AND POOL, OR WILDCAT Jalmat Tansill Yates		11. SEC., T., R., M., OR BLE. AND 7 Rvrs SURVEY OR AREA Pro Ga 33, T-25-S, R-37-E	
12. COUNTY OR PARISH Lea		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

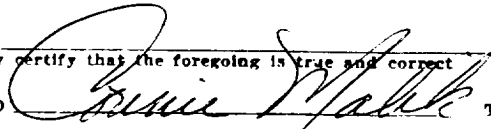
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.) \* Formerly Operated by Alpha Twenty-One Production

Clean out hole with foam to +3000'. Test casing to 3350 psi. Acidize perforations 2522'-2821' w/4000 gallons of 15% NEFE'HCL acid. Fracture stimulate Yates w/40,000 gallons of 50-Quality CO2 foam and 140,000 lbs 12/20 mesh sand. Kill well. RIH with bit and clean out to +3000'. RIH with tubing, SN to +2500'. Run Stanley filter, pump and rods. ND BOP, NU wellhead. Clamp off rods, set pumping unit.

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

SIGNED 	TITLE Regulatory Comp. Rep. Meridian Oil Inc. P. O. Box 51810 Midland, Texas 79710 (915) 688-6898	DATE 9-18-91
APPROVED BY _____		DATE 9/23/91
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side