

Form 100-1
(July 1989)
Formerly 100-101

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

BLM Roswell District
Modified Form No.
MD60-3160-4

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. WELL TYPE OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>		3a. Area Code & Phone No. 915-687-5047		5. LEASE DESIGNATION AND SERIAL NO. LC-0504667 054667	
2. NAME OF OPERATOR Lanexco Inc.				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 2730, Midland, Texas 79702				7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface L, 660' FWL & 1980' FSL				8. FARM OR LEASE NAME El Paso Tom Federal	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2994.0' GR		9. WELL NO. 7	
				10. FIELD AND POOL, OR WILDCAT Jalmat Tansill Yate	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 7 Rvrs Pro Ga	
				12. COUNTY OR PARISH Lea	
				13. STATE N.M.	

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"/>
FRACURE 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"/>
FRACURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>

(Other) _____
(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 +3130'. Acidize perforation 2970'-3110' with 4200 gallons of 15% NEFE HCL acid. Test annulus to 500 psi. Fracture stimulate Yates with 42,000 gallons of 50-Quality CO2 foam and 147,000 bls 12/20 mesh sand. Clean out to PBTD. RIH with tubing to +2950'. Run Stanley filter, pump and rods. ND BOP. NU wellhead. Set pumping unit.

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

SIGNED

Benie M. Hall

TITLE

Regulatory Comp. Rep.
Meridian Oil Inc.

DATE

9-18-91

(This space for Federal or State office use)

P. O. Box 51810

Midland, Texas 79710 (915) 688-6898

APPROVED BY

TITLE

DATE

9/23/91

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side