

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.
LC032510

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Meridian Oil Inc.

3. ADDRESS OF OPERATOR

21 Desta Dr., Midland, TX 79705

3a. AREA CODE & PHONE NO.

915/686-5600

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Gregory "C" A/C-1

9. WELL NO.

3

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface

1980' FSL & 1980' FEL

10. FIELD AND POOL, OR WILDCAT

Langlie, Mattix, SR, Q, G

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

Sec. 35, T25S, R37E

14. PERMIT NO.

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

3022' KB

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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

PULL OR ALTER CASING

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

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

FRACTURE TREAT

SHOOT OR ACID ZE

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Pressure test csg to T.A. well

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

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.)*

Set cmt retainer at 3210'. Tested csg to 500 psi for 20 minutes. Released pressure. Circulated corrosion inhibitor in 2% KCl water base fluid into wellbore. Repaired wellhead valves as required. Shut well in. A copy of the pressure test chart is attached. Meridian proposes to leave this well on temporary abandoned status until it can be properly evaluated for further production potential.

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

SIGNED

Robert L. Bradshaw

TITLE

Sr. Staff Env./Reg. Spec.

DATE

26 June 1990

(This space for Federal or State office use)

APPROVED BY

TITLE

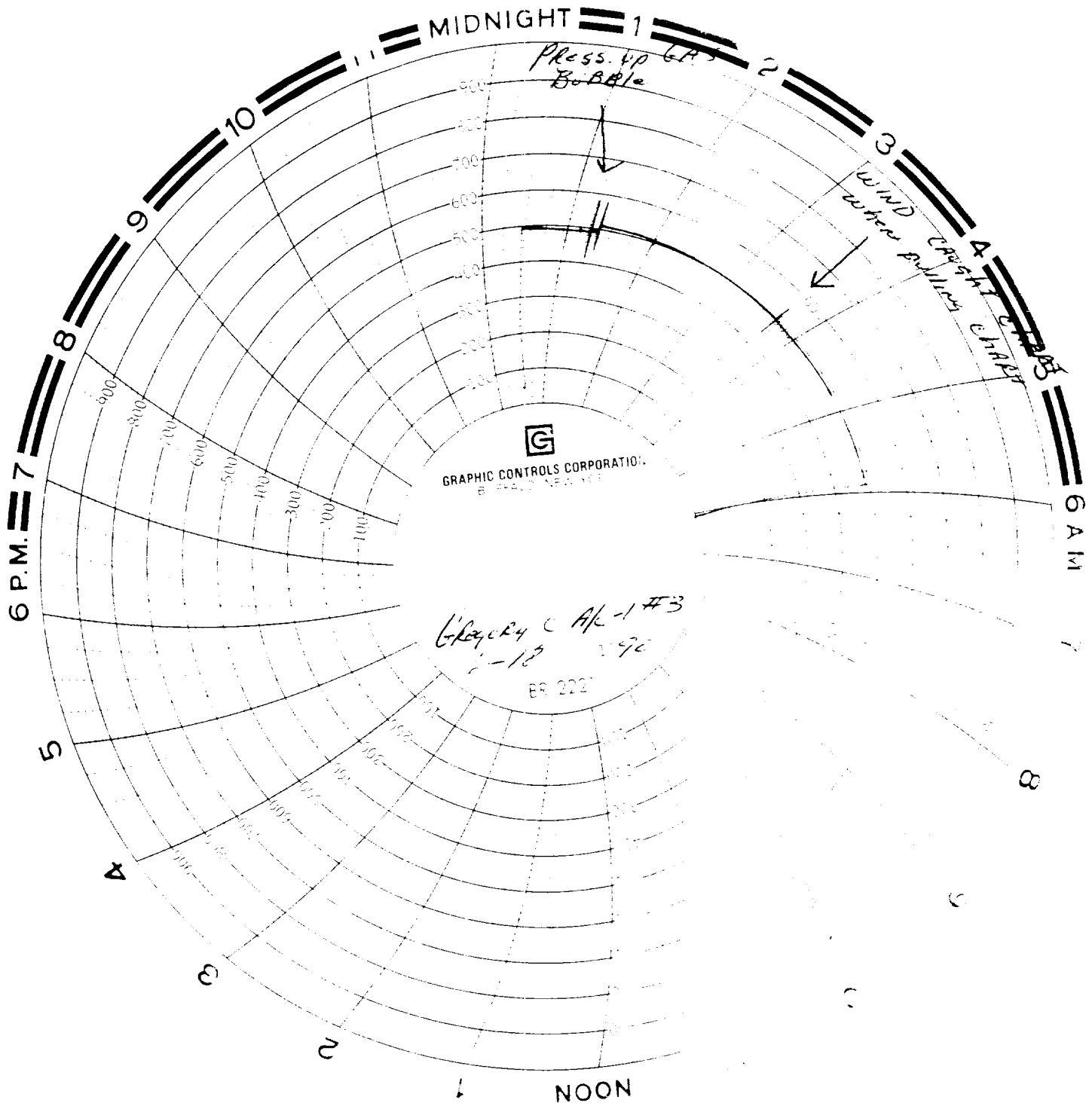
DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

RECEIVED



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ATTN: Bobby Wynn
2¹⁴/11 2²⁵/11 Tex Time