

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

BLM Roswell District
Modified Form No.
NMO60-3160-4

5. LEASE DESIGNATION AND SERIAL NO.
LC-032579 *F*

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
P.O. Box 51810, Midland, TX 79710-1810

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
E, 1980' FNL & 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3028' GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
CARLSON HARRISON FED COM

9. WELL NO.
3

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

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
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

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

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

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

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

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

NOTIFY BLM PRIOR TO COMMENCING PLUGGING OPERATIONS.

RIH TO TOP OF CIBP (OR RETAINER). CIRC HOLE W/ 9 PPG GELLED BRINE. SET CMT PLUG ACROSS BASE OF SALT FROM 2630-2869' (25 SXS).

SET PLUG ACROSS TOP OF SALT @ 1140-1260' (15 SXS). SET PLUG ACROSS INTERMEDIATE CASING SHOE @ 400-510' (15 SXS). PULL UP TO 80' AND CIRC CMT TO SURFACE. CUT OFF CASING 3' BELOW GROUND LEVEL AND INSTALL P&A MARKER. CLEAR LOCATION.

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

SIGNED

Kerem Sahaly

TITLE

PRODUCTION ASST

DATE

03/30/92

(This space for Federal or State office use)

APPROVED BY

David R. Glass

CONDITIONS OF APPROVAL, IF ANY:

DATE

4-3-92

*See Instructions on Reverse Side

MERIDIAN OIL
CARLSON HARRISON FED. COM. NO. 3
JALMAT FIELD
LEA COUNTY, NEW MEXICO

KLM 11/18/91

