

Budget Bureau No. 1004-000
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL
NM-16139

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Meridian Oil Inc.		8. FARM OR LEASE NAME Pitchfork "4" Federal
3. ADDRESS OF OPERATOR 21 DestaDrive, Midland, Texas 79705		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 1830' FSL & 1980' FWL, Sec. 4, T-25-S, R-34-E		10. FIELD AND POOL OR WILDCAT Pitchfork Ranch (Atoka)
14. PERMIT NO		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T-25-S, R-34-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3361' GR		12. COUNTY OR PARISH Lea
		13. STATE N.M.

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

<p>NOTICE OF INTENTION TO:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 40%;">TEST WATER SHUT-OFF</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 40%;">PULL OR ALTER CASING</td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT</td> <td><input type="checkbox"/></td> <td>MULTIPLE COMPLETE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE</td> <td><input type="checkbox"/></td> <td>ABANDON*</td> <td><input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL</td> <td><input type="checkbox"/></td> <td>CHANGE PLANS</td> <td><input type="checkbox"/></td> </tr> </table> <p>(Other) <input type="checkbox"/></p>	TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>	FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	<p>SUBSEQUENT REPORT OF:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 40%;">WATER SHUT-OFF</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 40%;">REPAIRING WELL</td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREATMENT</td> <td><input type="checkbox"/></td> <td>ALTERING CASING</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SHOOTING OR ACIDIZING</td> <td><input type="checkbox"/></td> <td>ABANDONMENT*</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">(Other) Set 13 3/8" csg</td> <td colspan="2"><input checked="" type="checkbox"/></td> </tr> </table> <p>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</p>	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) Set 13 3/8" csg		<input checked="" type="checkbox"/>	
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Spudded well 4-24-88. Set 13 3/8" 48# csg @ 620'. Cmt w/650 sx. Cl "C". PD @ 5:00 PM 4-25-88. WOC 18 hrs. Tested csg to 1000#. Held OK.

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

SIGNED Cathy Moore TITLE Operations Tech III DATE 4/26/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**

575
C/A. 10. 11. 1960

RECEIVED

MAY 12 1988

OCD
NOBBS OFFICE