

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 type="checkbox"/> X OTHER		5. LEASE DESIGNATION AND SERIAL NO. Jic. Contract #54
2. NAME OF OPERATOR Meridian Oil Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jic. Tribe
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499		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 790'N, 790'E		8. FARM OR LEASE NAME Stromberg
14. PERMIT NO.		9. WELL NO. 5
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7267'GL		10. FIELD AND POOL, OR WILDCAT Ballard Pic. Cliffs
		11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA Sec. 34, T-23-N, R-3 -W N.M.P.M.
		12. COUNTY OR PARISH Sandoval
		13. STATE NM

16. 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 type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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 checked="" 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.)*

05-11-88 MOL&RU.
05-12-88 NU BOP. Released pkr. TOOH w/pkr & 2800' of tbq. Removed packer. TIH w/2840' tbq. Circ'd hole w/9.2# mud. Spot 65 sx. cmt. plug 2840-2000'. TOOH laying down tbq. Tag cmt. @ 2010'. Perf'd 4 holes @ 148'. Circ. 67 sx. cmt. to surface. Cut off wellhead. Set dry hole marker w/10 sx. cmt. Released rig.

RECEIVED
B.L.M. MAIL ROOM
88 JUN -1 PM 2:57
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED

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

SIGNED [Signature]

TITLE Drilling Clerk(CS)

DATE 05-31-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

[Signature]
for

*See Instructions on Reverse Side