

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 checked="" type="checkbox"/> OTHER | 7. UNIT AGREEMENT NAME Canyon Largo Unit |
| 2. NAME OF OPERATOR Meridian Oil Inc. | 8. FARM OR LEASE NAME Canyon Largo Unit |
| 3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499 | 9. WELL NO. 7 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1090'N, 890'E | 10. FIELD AND POOL, OR WILDCAT |
| 14. PERMIT NO. | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T-24-N, R-6 -W N.M.P.M. |
| 15. ELEVATIONS (Show whether DF, ST, GR, etc.) BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA | 12. COUNTY OR PARISH Rio Arriba |
| | 13. STATE NM |

RECEIVED

NOV 26 1986

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 PLANS <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 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.)*

The well monument has been permanently marked and this location is ready for final inspection.

DEC 02 1986
OIL CON. DIV.
DIST. 3

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

ACCEPTED FOR RECORD

SIGNED Peggy Cook

TITLE Drilling Clerk

DATE 11-25-86

(This space for Federal or State office use)

DEC 01 1986

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

BY ELL

*See Instructions on Reverse Side

NMOCC