

Form 3160-5  
November 1983)  
Formerly 9-331)

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER                                    | 5. LEASE DESIGNATION AND SERIAL NO.<br>Jic.Contract #123                       |
| 2. NAME OF OPERATOR<br>Meridian Oil Inc.                                                                                                            | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>Jicarilla                              |
| 3. ADDRESS OF OPERATOR<br>PO Box 4289, Farmington, NM 87499                                                                                         | 7. UNIT AGREEMENT NAME                                                         |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface 805'N, 840'E | 8. FARM OR LEASE NAME<br>Jicarilla 123 C                                       |
| 9. PERMIT NO.                                                                                                                                       | 9. WELL NO.<br>21                                                              |
| 10. ELEVATIONS (Show whether DF, RT, CR, etc.)<br>7166'GL                                                                                           | 10. FIELD AND POOL, OR WILDCAT<br>So.Blanco Pic.Cliffs                         |
|                                                                                                                                                     | 11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA<br>Sec.8,T-25-N,R-4-W<br>NMPM |
|                                                                                                                                                     | 12. COUNTY OR PARISH<br>Rio Arriba                                             |
|                                                                                                                                                     | 13. STATE<br>NM                                                                |

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 COMPLETION <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.)

Permission is requested to isolate a suspected casing failure with a packer. The well will be evaluated for future repair or plug and abandonment.

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

SIGNED

TITLE

Regulatory Affairs (CS)

8-7-89

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

NMCOO

DATE

AUG 09 1989

A sundry notice setting forth your long term plans for this well is required within 90 days of the approval of this sundry notice.