

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 GAS ☐ WELL ☒ OTHER

2. NAME OF OPERATOR Meridian Oil Inc.

3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface 950'S, 1780'E

5. PERMIT NO. \_\_\_\_\_

6. ELEVATIONS (Show whether DF, RT, GR, etc.)  
7159'GL

5. LEASE DESIGNATION AND SERIAL NO.  
Jic.Cont. LS #65

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Jicarilla C

9. WELL NO.  
12

10. FIELD AND POOL, OR WILDCAT  
S. Blanco Pic. Cliffs

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
Sec. 16, T-25-N, R- 4-W  
N.M.P.M.

12. COUNTY OR PARISH 13. STATE  
Rio Arriba 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 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) _____                                |   |

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) _____                                  |  |

(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.)\*

This well is suspected of having developed a casing failure. A packer will be set @ + 3500' to isolate the casing failure. The well will be flowed to determine if production capable of supporting a permanent repair will be regained.

THIS APPROVAL EXPIRES JUL 01 1989

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

SIGNED [Signature] TITLE Regulatory Affairs (DATE APPROVED 03-28-89)

(This space for Federal or State office use)

AS AMENDED

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

NMOCC

\*See Instructions on Reverse Side

DATE 29 1989  
[Signature]  
AREA MANAGER