

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 <input type="checkbox"/>	7. UNIT AGREEMENT NAME Lindrith Unit
2. NAME OF OPERATOR Meridian Oil	8. FARM OR LEASE NAME Lindrith Unit
3. ADDRESS OF OPERATOR El Paso Natural Gas Company	9. WELL NO. 95
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1700'N, 1800'E	10. FIELD AND POOL, OR WILDCAT S. Blanco Pic. Cliffs
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T-24-N, R- 3-W N.M.P.M.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6936'GL	12. COUNTY OR PARISH 13. STATE Rio Arriba NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)*

It is intended to repair the casing failure in the following manner: MOL&RU. Kill well as needed. ND WH. NU BOP. Release packer and TOOH. Set sand plug across perfs. TIH w/packer & test sand plug to 1500 psi. Locate hole in casing. Squeeze hole by setting packer 350' above hole. Circulate 100 sx. cement. Displace tubing. Start hesitation squeeze. Pull two stands and apply squeeze pressure. WOC 18 hours. Drill out cement. Pressure test to 1500 psi. Clean out to sand plug. Blow with nitrogen. TIH w/1 1/4" tbg and set production packer at 3063'. Rig down and release rig.

RECEIVED
FARMING ROOM
03 OCT 31 PM 2:02
FARMING ROOM
FARMINGTON, NEW MEXICO

RECEIVED
01 OCT 1983
FARMING ROOM
FARMINGTON, NEW MEXICO

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Regulatory Affairs (CS) DATE 10-31-88
(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

NOV 03 1988

AREA MANAGER

*See Instructions on Reverse Side