

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. Apache Cont #11
2. NAME OF OPERATOR Meridian Oil Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87409	7. UNIT AGREEMENT NAME Jicarilla 119 N
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650'S, 945'W	8. FARM OR LEASE NAME Jicarilla 119 N
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether OF, RT, or ST.) 6806' GL	10. FIELD AND POOL, OR WILDCAT Tapacitos Pic. Cliff
	11. SEC., T., R., M., OR S.W. AND SURVEY OR AREA Sec. 8, T-26-N, R-4 - 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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.)*

A packer has been set in this well to isolate a casing failure. Production for an adequate period of time to determine if a permanent repair is justified has not been established. An extension of six months is requested to allow time for an accurate appraisal of this well's potential.

Additional 90 days granted at which time you must submit plan to PTA or repair.

THIS APPROVAL EXPIRES 10/21/89

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

SIGNED [Signature]

TITLE Regulatory Affairs (CS)

DATE 07-18-89

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

[Signature]

APPROVED
AS AMENDMENT
DATE JUL 25 1989
Ken Townsend
AREA MANAGER

*See Instructions on Reverse Side