

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"/>		3. LEASE DESIGNATION AND SERIAL NO. SF-079266
2. NAME OF OPERATOR Meridian Oil Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1160'N, 810'E		8. FARM OR LEASE NAME Vaughn
14. PERMIT NO.		9. WELL NO. 8
15. ELEVATIONS (Show whether OF, TO, OR, ETC.) 6652'GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-26-N, R-6 -W N.M.P.M.
		12. COUNTY OR PARISH Rio Arriba NM
		13. STATE

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 type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)*

10-24-88 MOL&RU. ND WH. NU BOP. Unseat donut & stingout of cmt. retainer. TOO H w/113 stds 2 3/8" tbg. PU pkr, would not go in hole. Csg bent. ND WH. Run retrievable BP in hole & PT 750#. Retrieved BP. SDFN.

10-25-88 TIH w/pkr set @ 3110'. PT above & below to 1500#, ok. Move pkr up hole 2'. PT above & below, ok. TOO H. LD pkr. SDFN.

10-26-88 TIH cleaning out. Set down hard @ 3172'. RU power swivel & start to mill thru tight spot. SDFN

10-27-88 RU power swivel. TIH. CO hit drl mud 62 jts in hole. CO to cmt retainer @ 7030'. PT to 600#, ok. Blew down. SDFN.

10-28-88 Blow down. TIH w/4 1/2" double grip Model R-3 pkr set @ 7092.66'. SN @ 7344.92'. ND blooie line, NU WH. Released rig.

RECEIVED
JAN 2 1989
ON. DIV.
DIST. 3

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

SIGNED [Signature] TITLE Regulatory Affairs DATE 01-09-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC