

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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"/> OTHER <input checked="" type="checkbox"/>		68 MAY 17 AM 10:20	
2. NAME OF OPERATOR Meridian Oil Inc.		FARMINGTON RESERVOIR AREA FARMINGTON, NEW MEXICO	
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499		8. FARM OR LEASE NAME Luthy	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790'S, 990'E		9. WELL NO. 1	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6104'GL	
		10. FIELD AND POOL, OR WILDCAT S. Blanco Pic. Cliffs	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T-26-N, R-8 -W N.M.P.M.	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

16. 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) Plug back to Fruitland <input checked="" 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.)*

It is intended to plug this well back to the Fruitland formation in the following manner:

MOL&RU. Using Bowen BOP, TOOH w/1.315" tbg. Using lubricator, run logs. TIH w/1 1/2" tbg & cmt. retainer & set @ 2126'. Squeeze open hole w/20 sx. cmt. Replace tbg.head w/3000# tbg.head flange. NU BOP & test. PT csg. to 1750#. If test fails, will locate holse & repair w/hesitation squeeze below squeeze pkr. TIH w/ 1 1/2" tbg & load hole w/1% KCl wtr & 225 gal. 7.5% HCl. Perforate coal interval from 2014-29', 2096-2108', 2113-26' for a total of 14 holes. Break down w/ 1050 gal. 15% HCl. TIH w/1 1/2" tbg & blow well for 12 hrs. Fracture w/30,600 gal. 1% KCl wtr. TIH w/1 1/2" tbg & blow clean. Land tbg @ 2110'.

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

SIGNED

TITLE Drilling Clerk(CS)

DATE

05-16-88

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

MAY 18 1988

*See Instructions on Reverse Side

NMOCC

AREA MANAGER