

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 checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME Huerfano Unit
2. NAME OF OPERATOR Meridian Oil Inc.	8. FARM OR LEASE NAME Huerfano Unit
3. ADDRESS OF OPERATOR PO Box 4289, Farmington, NM 87499	9. WELL NO. 163E
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1640'N, 990'E	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T-26-N, R-9-W NMPM
14. PERMIT NO. JAN 13 1987	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show whether OF, RT, OR, etc.) 6533'GL	13. STATE NM

RECEIVED

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

BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PCLL 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"/>

(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.) *

Please extend our application for permit to drill for this location.

This Approval Expires June 9, 1987

JAN 15 1987
OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct		
SIGNED <u>[Signature]</u>	TITLE <u>Drilling Clerk</u>	DATE <u>JAN 13 1987</u>
(This space for Federal or State office use)		APPROVED <u>[Signature]</u> AS AMENDED
APPROVED BY _____	TITLE _____	DATE <u>JAN 13 1987</u>
CONDITIONS OF APPROVAL, IF ANY:		AREA MANAGER

*See Instructions on Reverse Side