Form 3160-5 (November 1983)	UNITED S	TATES	SUBMIT IN TRIPLICA	TE.   B	Form approved.  Budget Bureau No. 1004-0135  Expires August 31, 1985		
(Formerly 9–331)  DEPARTMENT OF THE INTERIOR (Other Instructions on BUREAU OF LAND MANAGEMENT					5. LEASE DESIGNATION AND SERIAL NO. NM 0 3 4 9 3		
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.)					6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
(Do not de tam t	Use "APPLICATION FOR PER	MIT—" for such propos	iala.)	- X			
1.				7. UNIS	AGREEMBNT HA	M B	
OIL GAB OTHER					Huerfano Unit		
2. NAME OF OPERATOR					8. FARM-OR LEASE NAME		
Meridian O	il Inc.			Hu	erfano l	Jnit	
3. ADDRESS OF OPERATOR				9. WBL	L NO.	····	
PO Box 4289, Farmington, NM 87499					111E		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  1450'N, 790'E					10. FIELD AND POOL, OR WILDCAT		
					Basin Dakota		
				11. and	T., R., M., OR R.	LE. AND	
DECEIVED					Sec. 20, T-26-N, R-9-W		
RECEIVED  14. PERMIT NO.   15. BLEVATIONS (Show whether DF, ST, GR, etc.)					NMPM 12. COUNTY OR PARISH 18. STATE		
			un, euc.)	1		NM	
JAN 1 3 19	10 /	39'GL		<u></u>	ın Juan	1414	
16.	Check Appropriate Box	. To Indicate Natu	re of Notice, Report, a	or Other Do	nta .		
BUREAU OF LAND MACCAMENTENTION TO:					SENT REPORT OF:		
FARMINGTON RESOU	RG <del>E A</del> REA						
FRACTURE TREAT	MULTIPLE COMPI.	I	WATER SHUT-OFF		REPAIRING W	TLL	
SHOOT OR ACIDIZE	ABANDON*		FRACTURE TREATMENT		ALTERING CA	<del> </del>	
REPAIR WELL	CHANGE PLANS		SHOOTING OR ACIDIZING		abandon m ex	r•	
(Other)			(Other) (NOTE: Report res Completion or Reco	ults of multip	ole completion o	n Well	
·	······································	ov (in orași) <del>Co-Tomi</del> <del>vensumuni</del> Expercs <u>.</u>	June 9,7				
			پنتون	JAN 15 COM:	1987 6.2	d Z	
			O/L	Cross.	~ / · · · · · · · · · · · · · · · · · ·		
	,			Time !			
					W sp		
18. I hereby certify that th	e foregoing is true and correc	t			APPRO	<del>VFD</del>	
SIGNED JUGGY	Lord	TITLE Dr	illing Clerk	A	s Ame	NDED	
(This space for Federal	or State office use)				JAN 13	1007	
APPROVED BY		TITLE		DA	JAN 10	1501 Liaa	
CONDITIONS OF APP	ROVAL, IF ANY:				Jakusk	elln	
	•5	ee Instructions on I	Reverse Side	jed	AREA MA	NAGER	