

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 | 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. 260E |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790'S, 1490'W | 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-10-W |
| 14. PERMIT NO. JAN 13 1987 | 12. COUNTY OR PARISH San Juan |
| 15. ELEVATIONS (Show whether SP, RT, CR, etc.) 6460'GL | 13. STATE NM |

RECEIVED

19. BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

| ATTENTION 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.)*

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

This Approval: ~~Or Temporary~~
~~Abandonment~~ Expires June 10, 1987

RECEIVED
JAN 15 1987

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

SIGNED

[Signature]

TITLE

Drilling Clerk

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JAN 13 1987

[Signature]

AREA MANAGER

APPROVED
AS AMENDED

*See Instructions on Reverse Side