

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

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"/>	5. LEASE DESIGNATION AND SERIAL NO. SF-078937
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 1020'S, 820'E	8. FARM OR LEASE NAME P. L. Davis
14. PERMIT NO.	9. WELL NO. 2E
15. ELEVATIONS (Show whether OF, BT, OR, ETC.) 6488'GL	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., W., OR BLK. AND SURVEY OR AREA Sec. 25, T-26-N, R-11-W NMPM
	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 COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	Running Casing	<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.)*

08-05-88 TD 6455', Ran 156 jts. 4 1/2", 10.5# K-55 production casing, 6440' set @ 6455'. Float collar set @ 6447'. Stage tools @ 4795' and 2149'. Cemented first stage with 153 sks. Class "B" 65/35 Pozmix, 6% gel and 2% calcium chloride, (248 cu.ft.) followed by 100 sks. Class "B" Poz with 2% gel, 2% calcium chloride and 1/4# fine tuf-plug (121 cu.ft.), 2nd stage with 371 sks. Class "B" 65/35 Pozmix, 6% gel, 2% calcium chloride (600 cu.ft.), 3rd stage with 600 sks. Class "B" 65/35 Pozmix with 6% gel and 2% calcium chloride (970 cu.ft.). WOC 18 hours. Circulated to surface.

RECEIVED
FARMINGTON, NEW MEXICO

60 DEC 20 PM 2:51

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

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

SIGNED [Signature] TITLE Regulatory Affairs DATE 12-20-88

(This space for Federal or State office use)

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

*See Instructions on Reverse Side