

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF-077941A
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 1650'S, 1650'W		8. FARM OR LEASE NAME Rowley C
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6060'GL		10. FIELD AND POOL, OR WILDCAT Undes. Fruitland
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T-27-N, R-10-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 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"/>	

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.)*

06-09-88 MOL&RU. NDWH. NU BOP. Kill well w/42 bbl.wtr. TOOH w/83 jts. 1" linepipe. ND BOP. ND tbq.head. NU BOP. TIH w/csg. scraper on 57 jts. 2 3/8" tbq. TOOE. TIH w/5 1/2" cmt. retainer set @ 1771'. PT tbq & csg to 750#. Pump 30 sx. Cl"B" neat cmt. Displace tbq w/wtr. Stung out of retainer & reverse out w/7 bbls.wtr. PT csg. Displace hole w/42 bbls.wtr. Spot 150 gal. 7.5% ECl 1771-1600'. TOOH w/tbg. Ran GR-CC-Neutron Density. Perf'd 1739', 1741', 1745', 1748', 1750', 1753', 1758', 1760'. SDFN.

06-10-88 Load hole w/wtr. TIH. Perf'd 1516', 1573', 1617', 1620', 1622', 1627', 1650', 1652'. Drop 32 balls. Ran JB, rec. 8 balls. TIH w/57 jts. 2 3/8" tbq @ 1714'. Blew around. TOOH w/tbg. TIH w/55 jts. 1 1/2" tbq land @ 1750'. SN 1 jt. off btm. ND BOP. NU WH. Blew around. SDFN.

06-11-88 Returned to production. RC. Released rig.

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

SIGNED [Signature]
(This space for Federal or State office use)

TITLE Drilling Clerk() DATE 06-20-88

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

RECEIVED
JUN 27 1988
NMOCC OIL CON. DIV.
DIST. 3

ACCEPTED FOR RECORD

JUN 23 1988

FARMINGTON RESOURCE AREA

BY [Signature]

