Form 3160-5 (November 1983) (Formerty 9-331)	UNITED STATES DEPARTMENT OF THE INT BUREAU OF LAND MANAGE	-	Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEARE DESIGNATION AND SERIAL NO. SF~079205
(Do not use this for	Y NOTICES AND REPORT of for proposals to drill or to deepen or of "APPLICATION FOR PERMIT—" for the "APPLICATION FOR PERMIT—"	TS ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL GAS WELL	XTREE		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR			8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR	Meridian Oil Inc.		Sharp
	Post Office Box 428	9.Farmington.NM 8749	9. WELL NO. 800
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)			10. PIELD AND POOL, OR WILDCAT
At sunace	2285'N, 1655'E	-	Basin Fruitland Coa 11. SEC., T., R., M., OR BLK, AND SEC., 18, T-28-N, R-10- N.M.P.M. 8
14. PERMIT NO.	15. ELEVATIONS (Show wheth	her DF. RT. GR. etc.)	N.M.P.M. 12. COUNTY OF PARISH 13. STATE
		5765 'GL	San Juan NM
16.	Check Appropriate Box To Indica	se Nature of Notice, Report, or Otl	her Data
	E OF INTENTION TO:		T REPORT OF:
TEST WATER SHUT-OFF !	PELL OR ALTER CASING	WATER SHUT-OFF	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CABING
SHOOT OR ACIDIZE	ABANDON*	SECOTING OR ACIDIZING	ABANDON MENT®
REPAIR WELL	CHANGE PLANS	(Other)	Spud Well
(Other)	PLETED OPERATIONS (Cleaving state all per	Completion or Recompleti	multiple completion on Well on Report and Log form.)
nent to this work.) *	and a second	tocations and measured and true vertical (ueptus for all markers and sones perti-
04-24-8	jts. 9 5/8", 36. Cemented with 23 3% calcium chlor	11:15 am 04-24-89. D: 0#, K-55 surface casis 0 sks. Class "B" with ide (271 cu.ft.) circu 600#/30 minutes, held	ng set at 334'. 1/4#/sk. gel~flake and ulated to surface. WOC
04-27-8	@ 2139'. Cement FLA (702 cu.ft.)	ed with 600 sks. Class followed by 100 sks. FLA (121 cu.ft.) TC by	50/50 Class "B" with
		D	ESETYED MAY OR 1920
		ar.	
		O,	14.031. DIV. 963. 3
18. I hereby certify that the fo	pregular is true and correct		
SIGNED SUPER	Mulicipal TITLE_	Regulatory Affairs	04-28-89
(This space for Federal or	State office use)		
APPROVED BY			MAX 03 1989
CONDITIONS OF APPROV	AL, IF ANY:	FAR GOVERN CO.	MINGION VESSOURCE WALT
	*See Instructi	ions on Revene Side	V.

Tiela 19 H C C Comman 1001 -- -- -- -- --