

**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.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/></p> <p>2. NAME OF OPERATOR Meridian Oil Inc.</p> <p>3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 790'S, 1450'W</p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. SF-077107A 077111</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Lackey H</p> <p>9. WELL NO. 709</p> <p>10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-28-N, R- 9- N.M.P.M.</p> <p>12. COUNTY OR PARISH 13. STATE San Juan NM</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5981'GL</p>	

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

NOTICE OF INTENTION 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) <u>Spud Well</u>	

*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.)*

04-03-89 Spudded well at 6:00 pm 04-03-89. Drilled to 236'. Ran 5 jts. 9 5/8", 32.3#, H-40 surface casing set at 236'. Cemented with 150 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (177 cu.ft.) followed by 50 sks. Class "B" (59 cu.ft.) circulated to surface. WOC 12 hrs. Tested 600#/30 minutes, held ok.

04-05-89 TD 2040'. Ran 47 jts. 7", 20.0#, K-55 intermediate casing, 2027' set @ 2040'. Cemented with 300 sks. Class "B" 65/35 with 6% gel, 2% calcium chloride, 1/2 cu.ft. perlite/sx (579 cu.ft.) followed by 100 sks. Class "B" with 2% calcium chloride (118 cu.ft.) circulated to surface. WOC 12 hours. Held 1200#/30 min.

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

SIGNED [Signature] TITLE Regulatory Affairs DATE 04-08-89

(This space for Federal or State office use)

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

NMOCC

*See Instructions on Reverse Side