

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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF-078425
2. NAME OF OPERATOR Meridian Oil Inc. El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499		7. UNIT AGREEMENT NAME San Juan 29-7 Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1605'N 1040'W		8. FARM OR LEASE NAME San Juan 29-7 Unit
14. PERMIT NO.		9. WELL NO. 138
15. ELEVATIONS (Show whether OF, ST, OR, etc.) 6739'GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota
		11. SEC. T., R., M., OR S.E. AND SURVEY OR AREA Sec. 25, T-29-N, R-7-W N.M.P.M.
		12. COUNTY OR PARISH Rio Arriba
		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 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.)

8-25-87 TD 3950'. Ran 96 jts. 7", 20.0#, K-55 casing 3936' set @ 3950'. Cemented 1st stage w/35 sks. Class "B", 65/35 POZ mix, 6% gel, 2% CaCl₂, 0.5 cu ft Perlite/sk (65 cu.ft.), followed by 100 sks Class B, 2% CaCl₂ (118 cu ft), 2nd stage cmt'd w/85 sks class "B", 65/35 Poz mix, 6% gel, 2% CaCl₂, 0.5 cu ft Perlite/sk (158 cu ft). WOC 12 hours. Held 1200#/30 minutes. Top of cement @ 2450'.

RECEIVED
SEP 09 1987
OIL CON. DIV.
DIST. 3

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

SIGNED

TITLE Drilling Clerk

DATE 8-26-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE SEP 03 1987

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

RV

SM

*See Instructions on Reverse Side