

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"/>		3. LEASE DESIGNATION AND SERIAL NO. SF-078502A	
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 790'N, 1090'W		8. FARM OR LEASE NAME Roelofs A Com	
14. PERMIT NO.		9. WELL NO. 201	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6338'GL		10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal	
		11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA Sec. 14, T-29-N, R-08-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"/>	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.)

10-01-88 TD 3050'. Ran 10 jts. 4 1/2", 10.5#, K-55 casing liner, 432' set @ 3050'. Float collar set @ 3018'. Top of liner hanger @ 2654'. Cemented with 25 sks. Class "B" 65/35 Poz, 6% gel, 2% calcium chloride and 0.5 cu.ft./sx perlite (48 cu.ft.) and 80 sks. Class "B" with 3% calcium chloride (94 cu.ft.) WOC 18 hours. Circulated liner.

RECEIVED

NOV 17 1988

OIL CON. DIV
DIST 2

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

SIGNED

Regulatory Affairs

TITLE Regulatory Affairs

DATE

11-10-88

(This space for Federal or State office use)

APPROVED BY

TITLE

ACCEPTED FOR RECORD

NOV 15 1988

FARMINGTON RESOURCE AD.

*See Instructions on Reverse Side

BY *K4*