

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 ☐ GAS WELL ☒ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. NM-03999
2. NAME OF OPERATOR Meridian Cil 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 1600'N, 800'W	8. FARM OR LEASE NAME Grambling
	9. WELL NO. 3A
	10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde
	11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA Sec. 22, T-29-N, R- 9-W N.M.P.M.
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, ST, OR, etc.) 5729'GL
	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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	
(Other) ☐			

(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.) *

10-10-88 Set compressors on location.

RECEIVED
JAN 11 1989
OIL CON. DIST. 3

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

SIGNED [Signature]

TITLE Regulatory Affairs DATE 01-11-89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

FARMINGTON RESOURCE AREA

BY [Signature]

*See Instructions on Reverse Side