

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on re-
verse side)

Budget Bureau NO. 1004-0133
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NM-13376

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

Simms Federal

8. FARM OR LEASE NAME

Simms Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Basin Fruitland Coal

11. SEC., T., R., N., OR BLK. AND
SURVEY OR AREA

SEC. 36 T. 30N R. 04W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

NM

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
Meridian Oil Inc.

3. ADDRESS OF OPERATOR
P.O. Box 4289 Farmington, New Mexico 87499-4289

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

890'S 845' E

14. PERMIT NO.

15. ELEVATIONS (Show whether SP, RT, OR, etc.)

7104' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) 1st Delivery

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

This well was first delivered November 15, 1989 and produced natural gas and entrained hydrocarbons: TP 254 CP. 276 MCF 608

RECEIVED

JAN 02 1990

OIL CON. DIV.
DIST. 3

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

SIGNED

Leslie Kahway

TITLE

Production Svc. Supervisor

DATE

11-16-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side