

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"/>	7. UNIT AGREEMENT NAME San Juan 30-6 Unit
2. NAME OF OPERATOR Meridian Oil Inc.	8. FARM OR LEASE NAME San Juan 30-6 Unit
3. ADDRESS OF OPERATOR PO Box 4289, Farmington, NM 87499	9. WELL NO. 64A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1110'S, 1750'E	10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde
14. PERMIT NO.	11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA Sec. 11, T-30-N, R-7-W
15. ELEVATIONS (Show whether OF, AT, OR, ETC.) 6337' GL	12. COUNTY OR PARISH Rio Arriba 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 <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) <input type="checkbox"/>	(Other) <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.)

Please extend our application for permit to drill for this location.

Operator Change

RECEIVED  
FEB 06 1987  
OIL CON. DIV.  
DIST. 3

This Approval ~~Or Temporary~~  
~~Abandonment~~ Expires August 12, 1987

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

SIGNED

TITLE

Drilling Clerk

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

FEB 04 1987

AREA MANAGER

\*See Instructions on Reverse Side