

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"/>		APR 10 1987		5. LEASE DESIGNATION AND SERIAL NO.	NM 012710
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	San Juan 30-6 Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		1455'S, 1455'W		8. FARM OR LEASE NAME	San Juan 30-6 Unit
14. PERMIT NO.		15. ELEVATIONS (Show whether OF, RT, GR, etc.)		9. WELL NO.	402
		6250'GL		10. FIELD AND POOL, OR WILDCAT	Undes. Fruitland
				11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA	Sec. 15, T-30-N, R-7 -W N.M.P.M.
				12. COUNTY OR PARISH	Rio Arriba NM
				13. STATE	

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"/>		

(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.)*

09-01-86 Loaded tubing w/20 bbls. water. Pumped casing-tubing annulus w/220 bbls. water. Flushed tbgr. w/20 bbl. water. Open casing to pit. Put well on line.

09-21-86 Loaded tubing w/20 bbls. water. Pumped casing-tubing annulus w/220 bbls. water. Flushed tbgr. w/20 bbl. water. Open casing to pit. Put well on line.

09-26-86 Loaded tubing w/20 bbls. water. Pumped casing-tubing annulus w/22930 gal. water, followed by 10,000 gal. wtr & 5000# 20/40 sand. Flushed w/100 bbl. water. Open casing to pit. Put well on line.

10-31-86 Loaded tubing w/47 bbls. water. Pumped casing-tubing annulus w/10,000 gal. water, followed by 50,000 gal. wtr & 50,000# 20/40 sand. Flushed w/8500 gal. water. Open casing to pit. Put well on line.

12-02-86 Loaded casing w/4116 gal. water. Pumped casing-tubing annulus w/190 bbls. water. Blew well. Loaded csg w/ 95 bbls. wtr. thru tbgr. Pumped 168 bbls. wtr. Blew well. Loaded csg thru tbgr w/98 bbls. water. Pump 143 bbls. water. Blew well to pit. Put well on line. (cont'd on back)

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

SIGNED J. D. Salen TITLE Drilling Engr. DATE 04-07-87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

RECEIVED

*See Instructions on Reverse Side
APR 21 1987
NMOCO