

**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 <small>(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.)</small>		5. LEASE DESIGNATION AND SERIAL NO. <p align="center">NM-012710</p>
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR <p align="center">Meridian Oil Co. El Paso Natural Gas Company</p>		7. UNIT AGREEMENT NAME <p align="center">San Juan 30-6 Unit</p>
3. ADDRESS OF OPERATOR <p align="center">Post Office Box 4289, Farmington, NM 87499</p>		8. FARM OR LEASE NAME <p align="center">San Juan 30-6 Unit</p>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <p align="center">1455'S, 1455'W</p>		9. WELL NO. <p align="center">402</p>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <p align="center">6250'GL</p>	10. FIELD AND POOL, OR WILDCAT <p align="center">Basin Fruitland Co.</p>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <p align="center">Sec. 15, T-30-N, R- 7 N.M.P.M.</p>
		12. COUNTY OR PARISH 13. STATE <p align="center">Rio Arriba NM</p>

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"/>	PERM OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACURE 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"/>	

(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.)*

It is intended to convert this well to a pressure observation well by:
MOL&RU. NDWH, NU BOP.
TOOH w/2 7/8" tbg.
TIH w/2 3/8" tbg and sidemounted pressure bomb.
Strap conductor wire to tubing at each collar.
Land bomb at 3080'. NU WH w/wellhead exit bushing.
Rig down and move off location.

RECEIVED
MAY 17 1989
OIL CON. DIV
DIST. 3

This well will be shut in and work will be commenced upon the establishment of commercial production from the San Juan 30-6 Unit #406R.

THIS APPROVAL EXPIRES MAY 11 1990

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

SIGNED [Signature] TITLE Regulatory Affairs DATE 05-05-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

MAY 11 1989

[Signature]
AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side
NM000