

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 4004-0135
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 31-6 Unit
2. NAME OF OPERATOR Meridian Oil Inc.	8. FARM OR LEASE NAME San Juan 31-6 Unit SWD
3. ADDRESS OF OPERATOR P.O. Box 4289 Farmington, New Mexico 87499	9. WELL NO. 301
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) 980'N, 2175'E At surface	10. FIELD AND POOL, OR WILDCAT
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, 150N, R6W NMPM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6322'GL	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PELL 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) <u>CEMENT CASING</u>	

(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.)*

9-29-89: Ran 26 jts 13 3/8", 68.0#, K-55, 8rd csg & 57 jts, 13 3/8" 61.0#, K-55, 8rd csg for a total of 83 jts (3587.61') set @ 3599.61'. Float Collar @ 3515.91'. Preceded cmt w/25 bbls mud flush & 75 bbls poz mix scavenger. Mixed & pumped 2735* sx "B" cmt (5002 cu ft) slurry @ 14 bbls per min. Displaced cmt w/539 bbl water @ 10.4 bbls per min. Max pressure 1000 psi. Bumped plug w/1600 psi. Plug held ok. Plug down @ 12:45 pm 9-29-89. Circulated 319 bbls good cmt to surface.

*Lead in w/2535 sx "B", 65/35 pos, w/6% gel, 2% calcium chloride & 1/2 cu ft perlite per sx. slurry wt 12.4, slurry vol 4766 cu ft. Tailed w/200 sx "B" cmt w/2% calcium chloride & 1/4 flocel per sx. Slurry wt 15.6, Slurry vol 236 cu ft. Total slurry volume: 5002 cu.ft.

RECEIVED

OCT 16 1989

OIL CON. DIV
DIST. 3

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

SIGNED

[Signature]

TITLE

Regulatory Affairs

DATE

October 2, 1989

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

EXAMINATION REQUIRED AREA

BY *[Signature]*

*See Instructions on Reverse Side