SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to defill or to deepen or plug back to a different reservoir. 1. OLL GAS WELL XOTHER 2. NAME OF OPERATOR Meridian Oil Inc. Meridian Oil Inc. Post Office Box 4289, Farmington, NM 87499 1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface At surface At 1100 N, 1690 W Basin Fruitland 11. SEC., T., B., M., OB RLE. AMD SURREY OF ALBA	form 3160-5 November 1983) Formerly 9-331)	UNITED STATES SUBMIT IN TRIPLICATE (Other instructions on r DEPARTMENT OF THE INTERIOR verse side) BUREAU OF LAND MANAGEMENT	Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO. SF-078580
ONL GAS WELL XOTHER NAME OF OPERATOR Meridian Oil Inc. Register of Operator Docation of well (Report location clearly and in accordance with any State requirements.* See also apace 17 below.) At surface 1100 'N, 1690 'W 15. Elevations (Show whether DF. NT. GR. etc.) Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of Intention to: Subsequent See also apace 17 below.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of Intention to: Subsequent Separation Sections Section	_	form for proposals to drill or to deepen or plug back to a different reservoir.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Meridian Oil Inc. Post Office Box 4289, Farmington, NM 87499 Location of well (Report location clearly and in accordance with any State requirements.* At airface 1100 'N, 1690 'W Levations of well (Report location clearly and in accordance with any State requirements.* At airface 1100 'N, 1690 'W Basin Fruitland 1. SEC., T. B., M. OB BLK, AND SURVEY OR ADBASA Sec., 09, T.~30~N, R. N.M.P.M. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of intention to: SUBBRIGHENT REAT SHOOT OR ACIDIZE SHOT OR ACIDIZE SHOOT OR ACIDI	OIL GAS	7. UNIT AGREEMENT NAME	
Post Office Box 4289, Farmington, NM 87499 10. DOCATION OF WELL (Report location clearly and in accordance with any State requirements.* At surface 1100 'N, 1690 'W 11. DEEM IT NO. 15. ELEVATIONS (Show whether DF, NT, GR, etc.) 16. PERMIT NO. 17. DEEM IT NO. 18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBBRQUENT REPORT OF: 17. DEAM WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE ABANDON' THAT WATER SHUT-OFF PELL OR ALTER CASING WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE ABANDON' THAT WATER SHUT-OFF PELL OR ALTER CASING WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE COMPLETE SHOOT OR ACIDIZE ABANDON' SHOOT OR ACIDIZE COMPLETE FRACTURE TREAT SHOOT OR ACIDIZE COMPLETE FRACTURE TREATMENT ABANDON' SHOOT OR ACIDIZE COMPLETE OF PELL OR ALTER CASING WATER SHUT-OFF FRACTURE TREATMENT CONDITION OR ACIDIZED COMPLETE COMPLETE OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting a proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones per nent to this work.)* 17. DEN RIDE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting a proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones per nent to this work.)* 17. DEN RIDE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting a proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones per nent to this work.)*	NAME OF OPERATOR		8. FARM OR LEASE NAME
Post Office Box 4289, Farmington, NM 87499 300 Location of Well (Report location clearly and in accordance with any State requirements.* See also apper 17 below.) At surface 1100 N, 1690 W 1100 N, 1690 W Basin Fruitland 11. SBC. T. R. N. OB RES. AND SURVEY OF AREA Sec . 09, T ~ 30 ~ N, R. N.M. P.M. 4. PERMIT NO. 15. ELEVATIONS (Show whether OF, NT, GR. etc.) 6243 'GL San Juan NM 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of Intention to: SUBBRQUENT REPORT OF: FRACTURE TREAT SHOOT OR ACIDIZE ABANDON' SHOOT OR ACIDIZED ABANDON' SHOOT OR RECOMPLETED DEPERATIONS (Clearly State all pertinent details. and give pertinent dates. including estimated date of starting a propaged work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones per nent to this work.)* 03-31-89 TD 3065'. Ran 7 jts. 5 1/2", 15.5#, KS casing liner, 308 Set @ 3065'. Float shoe set @ 3065'. Top of liner hange			
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: See also space 17 below.) At surface 11.00 'N, 1690 'W 12. COORTY OR PARISH 13. STATE 6243 'GL NOTICE OF INTENTION TO: SUBSEQUENT ERPORT OF: FRACTURE TREATMENT SHOOT OR ACIDIZE ABANDON* ABANDON* SHOOT OR ACIDIZE ABANDON* SHOOT OR ACIDIZE ABANDON* ABANDON* SHOOT OR ACIDIZE ABANDON* ABANDON* SHOOT OR ACIDIZE ABANDON* ABANDON* ABANDON* ABANDON* ABANDON* ABANDON* O'ONTE REPORT OR A	ADDRESS OF OPERATO		
Basin Fruitland 11. SEC. T. E. M., OR BLE. AND SURVEY OR ALMA Sec . 09, T ~ 30 ~ N, R. N.M.P.M. 14. PERMIT NO. 15. ELEVATIONS (Show whether OF, RT. GR. etc.) 12. COURTY OR PARISH 13. STATS 6243 'GL San Juan NM 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBBRQUENT EMPORT OF: 15ST WATER SHUT-OFF POLL OR ALTER CASING WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE PRACTURE TREATMENT SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING NOTICE OF INTENTIONS (Clearly State all pertinent details, and give pertinent dates, including estimated date of starting a proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones per nent to this work.)* 03~31~89 TD 3065'. Ran 7 jts. 5 1/2", 15.5#, KS casing liner, 306 set @ 3065'. Top of liner hange	LOCATION OF WELL (
11. SEC. T. R. M. OR BLE. AND SUREY OR AREA Sec. 09, T~30~N, R. N.M.P.M. 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT. GR, etc.) 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBBRQUENT REPORT OF: 15ST WATER SHUT-OFF PULL OR ALTER CASING NHOOT OR ACIDIZE SHOOT OR ACIDIZE NHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING SHOOT OR ACIDIZE OTHER WELL CHANGE PLANS (Other) RUNDING CASING COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting a proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones per nent to this work.)* 03~31~89 TD 3065'. Ran 7 jts. 5 1/2", 15.5#, KS casing liner, 306 set @ 3065'. Top of liner hange	See also space 17 bel		
SEC. 09, T~30~N, R- Sec. 09, T~30~N, R- N.M.P.M. 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT. GR, etc.) 12. COURTY OF PARISH 13. STATE 6243 "GL San Juan NM 15. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBBRQUENT ERPORT OF: TYST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL ABANDON* SHOOT OR ACIDIZE ABANDON* SHOOT OR ACIDIZE SHOOT OR ACIDIZING ABANDONMENT* OTHER WELL CHANGE PLANS (Other) COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting a proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones per nent to this work.)* 03~31~89 TD 3065 '. Ran 7 jts. 5 1/2", 15.5#, KS casing liner, 306 set @ 3065 '. Top of liner hange		1100 N, 1090 W	
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 12. COUNTY OF PARISH 13. STATE 6243 GL San Juan NM 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBBRQUENT REPORT OF: ITST WATER SHUT-OFF PRACTURE TREAT MULTIPLE COMPLETE PRACTURE TREATMENT SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING OTHER SHUT-OFF RUNNING CASING OTHER SHOT OF MULTIPLE COMPLETE OTHER SHOT OF REPORT OF MULTIPLE COMPLETE OF MULTIPLE COMPL			Sec.09, T-30-N, R-08-
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBBRQUENT EMPORT OF: TENT WATER SHUT-OFF PULL OR ALTER CASING WHATER SHUT-OFF PRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING (Other) (Other) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	4. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: STATEMATE SHUT-OFF PELL OR ALTER CASING PRACTURE TREAT MULTIPLE COMPLETE SHOOTING OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING ONTE: Report results of multiple completion on Well Change Plans (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) TOURISE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting a proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones per nent to this work.)* O3-31-89 TD 3065 . Ran 7 jts. 5 1/2", 15.5#, KS casing liner, 308 set @ 3065 . Top of liner hange		6243 GL	San Juan NM
WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE ABANDON* COMPLETE CHANGE PLANS COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting a proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones per set @ 3065'. Float shoe set @ 3065'. Top of liner hange			Other Data
SHOOT OR ACIDIZE ABANDON* ABANDON* SHOOTING OR ACIDIZING ABANDONNENT* CHANGE PLANS (Other) Completion or Recompletion Report and Log form.) The string is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and gones per nent to this work.) O3~31~89 TD 3065'. Ran 7 jts. 5 1/2", 15.5#, KS casing liner, 308 set @ 3065'. Top of liner hange		OTICE OF INTENTION TO:	QUENT REPORT OF:
SHOOTING OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING Running Casing (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	IFST WATER SHUT-O	PULL OR ALTER CASING WATER SHUT-OFF	REPAIRING WELL
Other) CHANGE PLANS (Other) Running Casing (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			 :
(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 a proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones per nent to this work.) 03~31~89 TD 3065 . Ran 7 jts. 5 1/2 , 15.5 , KS casing liner, 308 set @ 3065 . Top of liner hange			
Ompletion of 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 a proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and sones per nent to this work.)* 03-31-89 TD 3065 Ran 7 jts. 5 1/2", 15.5#, KS casing liner, 308 set @ 3065 ran 7 jts. 5 1/2", 15.5#, Top of liner hange		(NOTE: Report result	ts of muitiple completion on Well
03~31~89 TD 3065'. Ran 7 jts. 5 1/2", 15.5#, KS casing liner, 308 set @ 3065'. Float shoe set @ 3065'. Top of liner hange	DESCRIBE PROPOSED OF	COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent date	a including estimated date of starting any
		set @ 3065'. Float shoe set @ 3065'	
		in the second se	
		ne.	
18. I hoteby certify that the foregoing is true and correct			

NMOCC

TITLE .

(This space for Federal or State office use)

APPROVED BY _______ CONDITIONS OF APPROVAL, IF ANY:

Regulatory Affairs

DATE

MOS

*See Instructions on Reverse Side