

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-013:
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF-078578A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Howell Com K

9. WELL NO.

301

10. FIELD AND POOL, OR WILDCAT
Undes. Fruitland Coal

11. SEC. T. R. M. OR BLM. AND
SUBVY OR AREA

Sec. 17, T30N, R8W
NMPM

12. COUNTY OR PARISH

San Juan

13. STATE
NM

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Meridian Oil Inc.

3. ADDRESS OF OPERATOR

P.O. Box 4289 Farmington, New Mexico 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements*)

See also space 17 below.)

At surface

1840'N, 1460'W

14. PERMIT NO.

15. ELEVATIONS (Show whether OP, RT, CR, etc.)

5898' GL

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

Permit to Drill Extension

REEL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 anticipated that the "Permit to Drill" will expire before this well can be spudded; Therefore, an extension is requested.

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

SIGNED

[Signature]

TITLE

Regulatory Affairs

DATE

7-19-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE

*See Instructions on Reverse Side
