Form 3160-5 (November 1983) (Formerly 9-331)	BU	UNITED STATES RTMENT OF THE II	NTERIOF SEMENT		Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO. SF-078385A 6. IF INDIAN, ALLOTTES OR TRIBE NAME
SUN (Do not use this	NDRY N	PLICATION FOR PERMIT—"	ORTS ON or plug back for such proper	WELLS to a different reservoir.	7. UNIT AGREEMENT HAME
I. OIL GAS	□ X •••				C. CHIT ACESSEST NAME
2. NAME OF OPERATOR					S. FARM OR LEASE HAME
	Mer	idian Oil Inc.			Howell L
3. ADDRESS OF OPERATO		ington NM 97400	9. WELL NO.		
Post Office Box 4289, Farmington, NM 87499 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)					10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) 1846 N, 1681 W					Undes.Fruitland Coa 11. ESC., T., E., M., OB BLE. AFD SCC. 23, T-30-N, R-08-
					N.M.P.M.
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, ET, GE, etc.) 6130 GL			12. COUNTY OR PARISE 13. STATE
					San Juan NM
16.	Char	k Appropriate Box To Inc	dicate Nati	re of Notice, Report, or C	Other Data
		• • • • • • • • • • • • • • • • • • •			THE REPORT OF:
		PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING WELL
TEST WATER BEUT-	OFF	MULTIPLE COMPLETS		PRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL		CHANGE PLANS		(Other)Report results	Running Casing of multiple completion on Well
(Other)		<u> </u>		Completion or Recompl	etion Report and Log torm.)
17. DESCRIBE PROPOSED proposed work. nent to this work.	If well is	ED OPERATIONS (Clearly state at directionally drilled, give subsu	rface locations	and measured and true vertice	including estimated date of starting any al depths for all markers and sones perti-
05-04	-88	2777' set @ 279 Poz, with 6% ge perlite (803 cu	0'. Ce 1, 2% c .ft.) f e (115	mented with 418 alcium chloride ollowed by 100 cu.ft.). WOC 1	5 intermediate casing, sks. Class "G" 65/35 and 1/2 cu.ft./sack sks. Class "G" with 2% 2 hours. Held 1200#/30
60 SEP 16 AN11: 49	PARMINGTOR RESOURCE AREA FARMINGTON, NEW MEXICO			M =	G E 1 9 12 1) SEP 2 2 1500 . CON. DIV DIST. 3
		<u></u>			
SIGNED SIGNED	at the fore	The and correct of the state of	rLE Re	gulatory Affairs	DATE09-15-8
(This space for Federal or State office use)					DATE
APPROVED BY CONDITIONS OF	APPROVA				
					\$ () · ()

*See Instructions on Reverse Side