SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form of proposals of other properties of the decision of the proposals of the property of the proposals o	Form 3160-5 (November 1983) (Formerly 9-331)	DEPART	Budget Bureau No. 1004—0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SERVAL NO.		
THAT WATER RECOVER OF LINEAUTOR	SUN	IDRY NOT	ICES AND REPORTS (ON WELLS	SF-078 596 SO
Meridian Oil Inc. Appears of office Box 4289, Parmington, NM 87499 301	i. —		sais to drill or to deepen or plug a ATION FOR PERMIT—" for such p	roposals.)	7. UNIT AGRESMENT HAME
Dost Office Box 4289, Farmington, NM 87499 1. Increase or office Box 4289, Farmington, NM 87499 3. Increase of the blow) At surface 1 blow 460 s, 1180 w 460 s, 1180 w 460 s, 1180 w 15. Elevations (Show whether or, Et., de., de.) 6. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date 8. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date 8. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date 8. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date 8. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date 8. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date 8. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date 8. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date 8. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date 8. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date 8. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date 8. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date 8. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date 8. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date 8. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date 9. Spud Media Nature Natu		☐ X OTHER	S. PARM OR LEASE NAME		
Post Office Box 4289, Farmington, NM 87499 301					
1. December of the Engage of State office use) 1. December of the Engage of State office use) 1. December of Pederal or State office use)	3. ADDEESS OF OPERATO				
At surface 460'S, 1180'W Undess.FruitLand Coa	4. LOCATION OF WELL (Report location of			
Sec. 04, T-30-N, R-08- N.M.P.M. 6.49 °GL Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice Appropriate Box To Indicate Nature and Science Treatment of Notice, Report, or Other Data Notice Appropriate Box To Indicate Nature and Science Treatment of Notice, Report, or Other Data Notice Appropriate Box To Indicate Nature and Science Treatment of Notice, Report, or Other Data Notice Appropriate Box To Indicate Nature and Science Treatment of Notice, Report, or Other Data Notice Appropriate Box To Indicate Nature and Science Treatment of Notice, Report, or Other Data Notice Appropriate Box To Indicate Nature and Science Treatment Nature and Science		460's,	Undes.Fruitland Coal		
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Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data **Notice of Interfer to Pick or Actes Cusing Pick or Actes C	14. PERMIT NO.		15. ELEVATIONS (Show whether DF	N.M.P.M. 12. COUNTY OR PARISH 13. STATE	
TEST WATER SHOT-OFF PLL OR ALTER CASING RANGE CONTROL SHORT STATE SHOT-OFF PACTURE TREAT ADAMSON' SHOOTING OR ACIDIES ANAMON' CHANGE PLANE (Other) Spill Mell (Other) 7. DESCRIBE THOPOGROUP OR CONTROL STORE SHOULD BE SANOONNESS OF THE SHOOT OR ACIDIES ANAMON CHANGE PLANE (Other) 7. DESCRIBE THOPOGROUP OR CONTROL OR CONTROL OF THE SHOOT OR ACIDIES ANAMON CONTROL OR ACIDIES ANAMON CHANGE PLANE (Control or Recompletion on Well Completion or Recompletion Report and Log form.) 7. DESCRIBE THOPOGROUP OR CONTROL OF THE SHOOT			6	249'GL	
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### PRACTURE TREATMENT ALTREMY ABANDON ABANDON ABANDON BEFORE THE PROPOSED DE CONFLETE COMPLETE CHANGE PLANE (Other) Spuid Well (Other) Spuid Well (Note: Report results of multiple completion on Well (Other) Spuid Well (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 7. DESCRIBE PROPOSED DE CONFLETED OFERITATION (Clearly State all pertinent details, and give pertinent dates, including estimated date of starting and proposed work, if well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and some pertinent to this work.) 06-01-88 Spudded well at 5:10 am 06-01-88. Drilled to 219'. Ran 5 jts. 9 5/8", 36.0#, K-55 surface casing set at 219'. Cemented with 150 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (177 cu.ft.). Circulated to surface. WOC 12 hrs. Tested 600#/30 minutes, held ok.					
ABANDON'S CHANGE PLANS CHANGE	TEST WATER SHUT-C) TT	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
REPAIR WELL (Other)	FRACTURE TREAT		MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
(Other) (Other) (Other) (Nors: Report results of multiple completion on Well Completion or Recompletion of Completion or Completion on Completion Completion on Completion on Completion on Completion on Complet		<u> </u>			
7. Discrete improvate of Courtering of Courtering State and State of State of State and State of State			CHANGE PLANS	(NOTE: Report results	of multiple completion on Well
8. I bereby certify that the foregolat is true and correct SIGNED MATE Drilling Clerk TITLE Drilling Clerk DATE 06-03-88	06-01-	jts Cen 3%	s. 9 5/8", 36.0#, nented with 150 sk calcium chloride	K-55 surface casi s. Class "B" with (177 cu.ft.). Ci	ng set at 219'. 1/4#/sk. gel-flake and rculated to surface.
	S. I bereby certify that	the foregoing is	1-1		06-03-88
ADDDOUGD BY	(This space for Fede	eral or State off	ce use)		
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*See Instructions on Reverse Side