

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.  
SF-078581A

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 type="checkbox"/> <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME Northeast Blanco Uni
2. NAME OF OPERATOR Meridian Oil Inc. Blackwood 9 (Vchals)	8. FARM OR LEASE NAME Northeast Blanco Uni
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499	9. WELL NO. 437
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1240'S, 1650'W	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
	11. SEC., T., R., M., OR B.L. AND SECTION, T. 30-N, R-08-W N.M.P.M.
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, ST, GR, etc.) 'GL
	12. COUNTY OR PARISH; 13. STATE Rio Arriba NM

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 COMPLETION <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) <input type="checkbox"/>	Spud Well <input type="checkbox"/>

(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.)\*

08-28-89 Spudded well at 11:30 am 08-28-89. Drilled to 526'. Ran 12 jts. 9 5/8", 36.0#, K-55 surface casing set at 526'. Cemented with 380 sks. Class "B" with 3% calcium ch chloride and 1/4#/sx flocele (448 cu.ft.) circulated to surface. WOC 12 hrs. Tested 600#/30 minutes, held ok.

08-31-89 TD 2779'. Ran 68 jts. 7", 23.0# K-55 casing, 2767' set @ 2779'. Cemented with 370 sks. Class "B" 65/35 with 6% gel, 2% calcium chloride and 1/2 cu.ft/sx perlite (607 cu.ft.) followed by 100 sx Class "B" w/2% calcium chloride (118 cu.ft.). circ to surface. WOC 12 hours. Held 1200#/30 min.

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

Regulatory Affairs

06-23-89

SIGNED [Signature] TITLE \_\_\_\_\_

DATE \_\_\_\_\_

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

DATE \_\_\_\_\_

\*See instructions on Reverse Side