

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

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 | 5. LEASE DESIGNATION AND SERIAL NO. NM-03999 |
| 2. NAME OF OPERATOR Meridian Oil Inc. | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499 | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1825'N, 1185'E | 8. FARM OR LEASE NAME Grambling |
| 14. PERMIT NO. | 9. WELL NO. 721 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5643'GL | 10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coa |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T-29-N, R- 9- N.M.P.M. |
| | 12. COUNTY OR PARISH San Juan |
| | 13. STATE NM |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|----------------------------------------------|-----------------------------------------------|------------------------------------------------|------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <u>Running Casing</u> | |

(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.)

05-10-89 TD 2089'. Ran 9 jts. 4 1/2", 10.5#, K-55 casing liner, 351' set @ 2089'. Float shoe set @ 2089'. Top of liner hanger @ 1738'. Cemented w/20 sks. Class "B" 65/35 Poz w/6% gel, 2% calcium chloride and 0.5 cu.ft./sx perlite (33 cu.ft.), tailed by 30 sks. Class "B" with 2% calcium chloride (39 cu.ft.). Reversed out.

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

SIGNED [Signature] TITLE Regulatory Affairs DATE 05-23-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE MAY 30 1989

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA
BY [Signature]

*See Instructions on Reverse Side