

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"/> OTHER <input checked="" type="checkbox"/>	3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499	5. LEASE DESIGNATION AND SERIAL NO. NM-03877
2. NAME OF OPERATOR Meridian Oil Inc.	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1600'N, 790'E	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, ST, OR, ETC.) 5777'GL	7. UNIT AGREEMENT NAME
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		8. FARM OR LEASE NAME Fifield <del>Co</del>
NOTICE OF INTENTION TO:		9. WELL NO. 800
SUBSEQUENT REPORT OF:		10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
TEST WATER SHUT-OFF <input type="checkbox"/> PELL OR ALTER CASING <input type="checkbox"/> WATER SHUT-OFF <input type="checkbox"/> REPAIRING WELL <input type="checkbox"/>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 05, T-29-N, R-11-W N.M.P.M.
FRACTURE TREAT <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>		12. COUNTY OR PARISH 13. STATE San Juan NM
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) <input type="checkbox"/> Spud Well		
(Other) <input type="checkbox"/>		

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. (Check and 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.)\*

12-27-88 Spudded well at 7:15 pm 12-27-88. Drilled to 223'. Ran 5 jts. 9 5/8", 32.3#, H-40 surface casing set at 223'. 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.

12-29-88 TD 1768'. Ran 42 jts. 7", 20.0#, K-55 intermediate casing, 1756' set @ 1768'. Cemented with 250 sks. Class "B" 65/35 with 6% gel, 2% calcium chloride, 1/2 cu.ft. perlite/sx (487 cu.ft.), followed by 100 sx. Class "B" with 2% calcium chloride (118 cu.ft.). WOC 12 hours. Held 1200#/30 min. Circ. to surface

RECEIVED  
60 JAN-6 PM 1:50  
FARMINGTON, NEW MEXICO

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

SIGNED [Signature] TITLE Regulatory Affairs DATE 01-03-88

(This space for Federal or State office use)

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

NMOCO  
\*See Instructions on Reverse Side