

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Meridian Oil Inc.	8. FARM OR LEASE NAME Lloyd
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990'N, 1650'W	10. FIELD AND POOL, OR WILDCAT Aztec Pic.Cliffs
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec.24,T-30-N,R-11-W N.M.P.M.
15. ELEVATIONS (Show whether DP, RT, or etc.) 6166'GL	12. COUNTY OR PARISH San Juan
	13. STATE NM

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

NATURE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>	FRACURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		
PERM OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<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.)

Permission is requested to abandon the Pictured Cliffs formation and recompleat in the Fruitland Coal. The general operation will consist of the following:

TOOH w/1" tbq. Evaluate csg. & cement integrity by pressure testing and w/cased hole logs. Run formation evaluation logs. Plug the Pictured Cliffs formation under a cement retainer set at 2615' w/20 sx Class "B" cmt (24 cu.ft., 100% excess). Recompleat the Fruitland coal formation. TIH w/1 1/4" tbq.

If wellbore is not competent for recompletion (determined from evaluation of above), the well will be plugged & abandoned as follows:

Set cmt. retainer @ 2180'. Plug the Pictured Cliffs and Fruitland formations w/120 sx Class "B" cmt. (142 cu.ft., 100% excess). Circ hole w/9.0 ppg mud. Perf 2 squeeze holes @ 1264' Set cmt. retainer @ 1164'. Plug Ojo Alamo top w/55 sx C1 B cmt (65 cu.ft., 100% excess). Perf 2 squeeze holes @ 166'. Circ. 95 sx C1 B surface plug (112 cu.ft., 100% excess). Install dry hole marker. Clean & reseed location.

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

SIGNED

[Signature]

TITLE

Regulatory Affairs (DM)

DATE

08-18-88

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

[Signature]

*See Instructions on Reverse Side