

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

**SUBMIT IN TRIPLICATE\***  
(Other instructions on reverse side)

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <small>(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.)</small>		5. LEASE DESIGNATION AND SERIAL NO. <b>SF-078385A</b>
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR <b>Meridian Oil Inc.</b>		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR <b>Post Office Box 4289, Farmington, NM 87499</b>		8. FARM OR LEASE NAME <b>Howell L</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1580'S, 1760'E</b>		9. WELL NO. <b>302</b>
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT <b>Undes. Fruitland Coal</b>
15. ELEVATIONS (Show whether OF, BT, OR, etc.) <b>6300' GL</b>		11. SEC., T., S., M., OR BLM. AND SURVEY OR AREA <b>Sec. 34, T-30-N, R-08-W N.M.P.M.</b>
		12. COUNTY OR PARISH    13. STATE <b>San Juan    NM</b>

16. 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"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) <input type="checkbox"/> <b>Running Casing</b>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT* <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.)\*

04-13-88    TD 2872'. Ran 67 jts. 7", 20.0#, K-55 intermediate casing, 2859' set @ 2872'. Cemented with 390 sks. Class "B" 65/35 Poz, with 6% gel, 2% calcium chloride and 1/2 cu.ft./sack perlite (753 cu.ft.) followed by 100 sks. Class "B" with 2% calcium chloride (118 cu.ft.). WOC 12 hours. Held 1200#/30 min. TC by TS @ 175'.

04-30-88    TD 3034'. Ran 6 jts. 5 1/2", 23.0#, P-110 casing liner, 351' set @ 3034'. Float shoe set @ 3034'. Top of liner hanger @ 2808'. Did not cement.

RECEIVED  
 65 SEP -8 PM 2:25  
 FARMINGTON RESOURCE AREA  
 FARMINGTON, NEW MEXICO

**RECEIVED**  
 SEP 12 1988  
 OIL CON. DIV  
 DIST. 3

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

SIGNED [Signature] TITLE Regulatory Affairs DATE 09-06-88

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side