Form 3160-5 November 1983) Formerly 9-331)	UNITED STA	ie interio	SUBMIT IN TRIPLICATE (Other instructions on verse side)	CXDITES AUG	24 No. 1004-0135 ust 31, 1985 TON AND SERVAL NO.
SUNI (Do not use this	DRY NOTICES AND Form for proposals to drul or to due "APPLICATION FOR PERMI	EPORTS OF	N WELLS t to a different reservoir.	6. IF INDIAN, ALLO	THE SEIST SO SELT
OIL GAB WELL WELL	X orașe			7. UNIT AGREEMENT	HAME
2. NAME OF OPERATOR				8. PARM OR LEASE	NAME
3. ADDRESS OF OPERATOR	Meridian Oil Inc	•	····	Shaw	
Post Office Box 4289, Farmington, NM 87499 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*					
4. LOCATION OF WELL (R See also space 17 belo At surface	1650 N, 1035 E	dance with any Su	ive requirements.*	11. sec., T., E., M., survey on A Sec. 13,	cuitland Coal BLE AND L-30-N,R-09-W
14. PERMIT NO. 15. SLEVATIONS (Show whether DF, RT, GR, etc.)				N.M.P.M.	ISH 13. STATE
		593	7'GL	San Juar	n NM
16.	Check Appropriate Box 1	o Indicate Nat			
TEST WATER SEUT-OF PRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	PCLL OR ALTER CAS MULTIPLE COMPLETE ABANDON* CHANGE PLANS COMPLETED OPERATIONS (Clearly Simple) well is directionally drilled, give		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report rest Completion or Reco	Spud Well uits of multiple completion Report and Log	G CASING MENT* on on Well (form.)
09-01-8	jts. 9 5/8", Cemented with 3% calcium ch	36.0#, K- 150 sks. 11oride (1	pm 09-01-88. 1 55 surface cas: Class "B" with 77 cu.ft.). C: 0#/30 minutes,	ing set at 22 h 1/4#/sk. ge irculated to	29'. el-flake and
75-5 PM 2: 27 -60 19-6 PM 2: 27 -60 104 RESULVOE AREA -60	2377' set @ 2 Poz, with 6% perlite (318 calcium chlor min.	2390'. Ce gel, 2% c cu.ft.) f	7", 20.0#, K-! mented with 350 calcium chloride ollowed by 100 cu.ft.). WOC	0 sks. Class e and 1/2 cu sks. Class	"B" 65/35 .ft./sack "B" with 2%
COSTO - CE				SEP1 4 198	38 U
				OIL CON.	DIV
18. I hereby certify that	the foregoing is true and correct	TITLE Rec	gulatory Affair	DIST :	09-06-88
(This space for Feder	al or State office use)				
APPROVED BY	PROVAL IF ANY:	TITLE		DATE CENT	Porto de la compansión de la compansió
CONDITIONS OF AF		MAG	S	SE	Pirry
	*Se	e Instructions o	n Revene Side		· · · · · · · · · · · · · · · · · · ·