

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.

5. LEASE DESIGNATION AND SERIAL NO.

SF-078201B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Riddle A Com

9. WELL NO.

201

10. FIELD AND POOL, OR WILDCAT

Basin Fruitland Coal

11. SEC., T., R., M., OR BLK. AND

SURVEY OR AREA
Sec. 15, T30N, R9W
NMPM

12. COUNTY OR PARISH

San Juan

13. STATE

NM

1. OIL ☐ GAS ☒ OTHER ☐
WELL WELL

2. NAME OF OPERATOR

Meridian Oil Inc.

3. ADDRESS OF OPERATOR

P.O. Box 4289 Farmington, New Mexico 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.) 935'N, 1480'W
At surface

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, TO, OR, etc.)

6392'GL

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) Permit to Drill Extension ☒

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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 perti-
nent to this work.) *

It is anticipated that the "Permit to Drill" will expire before this well can be spudded;
Therefore, an extension is requested.

THIS APPROVAL EXPIRES 11/1/85

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

SIGNED

[Signature]

TITLE

Regulatory Affairs

DATE 8-02-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

NMCCD