Form 3160-5
(November 1983)
(Formerly 9-331)

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

5. LEASE DESIGNATION AND SERIAL NO.
#SF-078389A

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

1.
OIL WELL ☐   GAS WELL ☒   OTHER

7. UNIT AGREEMENT NAME
N/A

2. NAME OF OPERATOR
Meridian Oil, Inc.

8. FARM OR LEASE NAME
San Juan 32-9

3. ADDRESS OF OPERATOR
PO Box 4289   Farmington, NM   87499

9. WELL NO.
21

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
990/S 990/W

10. FIELD AND POOL, OR WILDCAT
Blanco-Mesa Verde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, ~~_____~~ NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6241 DF

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT*	
REPAIR WELL		CHANGE PLANS	X	(Other) _____			
(Other)							

(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.)*

Clean up earth pit or pits and install fiberglass lined pits with leak detection.

RECEIVED
MAY 29 1990
OIL CON. DIV.
DIST. 3

APPROVED
MAY 21 1990
[signature]
AREA MANAGER

18. I hereby certify that the foregoing is true and correct
SIGNED [signature]   TITLE Production Foreman   DATE 05-04-90

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCD

*See Instructions on Reverse Side