

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(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 type="checkbox"/> OTHER <input checked="" type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. MOO-C-1420-0625	
2. NAME OF OPERATOR Meridian Oil Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Mt. Tribe	
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1840'S, 1060'W		8. FARM OR LEASE NAME Pinon Mesa B	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5616'GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T-31-N, R-14-W N.M.P.M.	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

RECEIVED

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

Bureau of Land Management

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

It is intended to repair the casing in this well in the following manner:

MOL&RU. Kill well if necessary, using 1% KCl water, and install BOP. Tag TD and TOOH w/199 jts. 2 3/8" tbg. PU csg. scraper for 4 1/2" csg & TIH to 6100'. TIH w/4 1/2" cmt. retainer & set near 6050'. TOOH w/retainer setting assembly. TIH w/stinger for retainer & sting into the test position. Test tbg to 1500 psi. Set tbg w/10,000# on retainer. Swab fluid from well. Release rig.

A one year evaluation period for this well is then requested.

RECEIVED
BLM MAIL ROOM

88 JUN -1 PM 2:56

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
JUN 16 1988
OIL CON. DIV
DIST. 3

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

SIGNED <u>[Signature]</u>	TITLE <u>Drilling Clerk(WW)</u>	DATE <u>05-31-88</u>
(This space for Federal or State office use)		
APPROVED BY <u>L. Mark Hollis</u>	TITLE <u>ACTING AREA MANAGER</u>	DATE <u>JUN 13 1988</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side