

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Meridian Oil Production Inc	8. FARM OR LEASE NAME EPNG A
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499	9. WELL NO. 1A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1840'N, 1830'E	10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde
14. PERMIT NO. OCT 09 1985	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T-32-N, R-6 -W N.M.P.M.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6398'GL	12. COUNTY OR PARISH San Juan
	13. STATE NM

RECEIVE

16. BUREAU OF LAND MANAGEMENT Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data
FARMINGTON RESOURCE NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <u>Name Change</u>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(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.)*

The operator of this well has been changed from El Paso Exploration Company to Meridian Oil Production Inc.

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

SIGNED Peggy Dook

TITLE Drilling Clerk

DATE NOV 20 1985 **ACCEPTED FOR RECORD**

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE NOV 20 1985

FARMINGTON RESOURCE AREA

BY fl

*See Instructions on Reverse Side

NMOCC