

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

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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 12014
2. NAME OF OPERATOR Meridian Oil Production Inc	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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 1060'N, 2140'E	8. FARM OR LEASE NAME EPNG B
	9. WELL NO. 1A
	10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T-32-N, R-6 -W N.M.P.M.
14. PERMIT NO. OCT 09 1985	12. COUNTY OR PARISH San Juan
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6436'GL	13. STATE NM

RECEIVED

BUREAU OF LAND MANAGEMENT Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data
FARMINGTON RESOURCE AREA

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE 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 type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.

RECEIVED
NOV 26 1985
OIL CON. DIV.,
DIST. 3

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

SIGNED [Signature]

TITLE Drilling Clerk

ACCEPTED FOR RECORD
DATE

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE NOV 25 1985

FARMINGTON RESOURCE AREA

BY [Signature]

*See Instructions on Reverse Side

NMOCC