

**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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. <p align="center">NM-0607</p>
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> <b>X OTHER</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR <p align="center">Meridian Oil Inc.</p>		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR <p align="center">Post Office Box 4289, Farmington, NM 87499</p>		8. FARM OR LEASE NAME <p align="center">Atlantic C</p>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <p align="center">1630'S, 1180'W</p>		9. WELL NO. <p align="center">201</p>
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT <p align="center">Undes, Fruitland Coal</p>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <p align="center">6386'GL</p>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <p align="center">Sec. 35, T-31-N, R-10-W N.M.P.M.</p>
		12. COUNTY OR PARISH 13. STATE <p align="center">San Juan NM</p>

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

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) <u>Spud Well</u>	
(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.)\*

07-04-88 Spudded well at 3:00 pm 07-04-88. Drilled to 224'. Ran 5 jts. 9 5/8", 36.0#, K-55 surface casing set at 224'. Cemented with 150 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (177 cu.ft.). Circulated to surface. WOC 12 hrs. Tested 600#/30 minutes, held ok.

**RECEIVED**  
JUL 11 1988  
OIL CON. DIV.  
DIST. 3

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

SIGNED [Signature] TITLE Drilling Clerk DATE 07-05-88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side