Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form	C	-10	13
Revie	4	1.	1-81

OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088			WELL API NO.  5. Indicate Type of Lease STATE FEE **		
DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210					
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease		
SUNDRY NOTICES AND REPORTS ON WELLS					
	IALS TO DRILL OR TO DEEPEN OR.  USE "APPLICATION FOR PERIFOR SUCH PROPOSALS.)	OR PLUG BACK TO A MIT"	7. Lease Name or Unit A	greement Name	
1. Type of Well: Off GAS WELL GAS WELL X	OTHER		Allison	Unit	
2. Name of Operator Meridian Oil Inc.			8. Well No.		
3. Address of Operator			9. Pool same or Wildcat		
PO Box 4289, Farmington	n, NM 87499		Basin Frui	tland Coal	
4. Well Location  Unit LetterG : 790	Fact Form The North	Line and 24	90 Feet From The	East Line	
UER LEGET					
Section	Township 32N Ran  10. Elevation (Show whether D		NMPM San Ju	an <b>County</b>	
	///X	253 <b>'</b> GL			
	ropriate Box to Indicate N				
NOTICE OF INTEN	ITION TO:	SUB	SEQUENT REPO	ORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTE	RING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. DPLUG	AND ABANDONMENT	
PULL OR ALTER CASING		CASING TEST AND CEMENT JOB			
		OTHER:			
OTHER:					
12. Describe Proposed or Completed Operations work) SEE RULE 1103.	(Clearly state all pertinent details, and	d give pertinent dates, inclu	ding estimated date of startu	ng any proposed	
Please note the correct 790' from the North list T-32-N, R-6-W, San Juan	ne and 2490' from				
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			Ĺ.'		
			. Land		
I hereby certify that the information above is true and	complete to the best of my knowledge and	belief. Regulator	y Affairs	8-22-89	
SIGNATURE SIGNATURE	Muld m	<del>-</del>		ATE	
TYPE OR PRINT NAME			т	ELEPHONE NO.	
(This space for State Use)					
Origin 4 Signed by FRAN	K T. CHAVEZ	<b>300</b> (1), 300			
APPROVED BY	TIII	L		PATE	
CONDITIONS OF APPROVAL, IF ANY:					