Allison Unit #114 I-19-32N-6W
A

MERIDIAN OIL INC.

F 30-045-27166 11-17-88

F. Loc. 1630/S; 790/E Elev. 6450 GL Spd. ____ Comp. ____ TD ____ PB ____

Casing S. ____ @ ____ W ____ Sx. Cu. ft. Int. ____ @ ____ W ____ Sx. Cu. ft. Pr. ____ @ ____ W ____ Sx. Cu. ft. T. ____ @ ____

Csg.Perf. Prod. Stim. T Gas R A N S

I.P. ____ BO/D MCF/D After ____ Hrs. SICP ____ PSI After ____ Days GOR ____ Grav. ____ 1st Del. Gas ____ 1st Del. Oil ____

TOPS		NITD X	Well Log	TEST DATA						
				Schd.	PC	Q	PW	PD	D	Ref.No.
Ojo Alamo		C-103	Plat X							
Kirtland		C-104	Electric Log							
Fruitland			C-122							
Pictured Cliffs		Ditr	Dfa							
Chacra		Datr	Dac							
Cliff House										
Menefee										
Point Lookout										
Mancos										
Gallup										
Greenhorn										
Dakota										
Entrada										
			Acres 160							

P
o
o
l BasinFr.Coal Co. SJ S 19 T 32N R 6W U I Oper. Meridian Oil Inc. Lse. Allison Unit No. 114

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN PLICATE* (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.)

5. LEASE DESIGNATION AND SERIAL NO.: SF-081155

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL ☐ GAS WELL ☒ OTHER

7. UNIT AGREEMENT NAME: Allison Unit

2. NAME OF OPERATOR: Meridian Oil Inc.

8. FARM OR LEASE NAME: Allison Unit

3. ADDRESS OF OPERATOR: Post Office Box 4289, Farmington, NM 87499

9. WELL NO.: 114

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1630'S, 790'E

10. FIELD AND POOL, OR WILDCAT: Basin Fruitland Coal

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec.19, T-32-N, R- 6-W N.M.P.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 6450'GL

12. COUNTY OR PARISH: San Juan | 13. STATE: NM

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			
(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.)*

Please cancel our application for permit to drill for this location.

ABANDONMENT

APPROVED

RECEIVED
MAR 08 1989
OIL CON. DIV.
DIST. 3

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

SIGNED [signature] TITLE Regulatory Affairs ( ) DATE 02-13-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side