	ai or State office use)	ON Regulatory Affairs	L CON. DIV DIST. 3 DATE	11-11-88  OR RECORD	
18. I hereby certify that is signed (This space for Feder	Didliced TITLE _		L CON. DIV	11-11-88	
18. I bereby certies that the signed	Dralliced TITLE		L CON. DIV		
18. I bereby certify that	<b>*</b> * * * * * * * * * * * * * * * * * *		L CON. DIV		
	the foregoing is true and correct	O <i>l</i>	L CON. DIV		
		OI	L CON DIV		
	·		1000		
			NOV21 1988	16 11 at 1	
	- -		- W 155	Control of the Contro	
, A CO.		[A]	EGEIVE	î în	
	• •	Test.			
	min. Circulated to	ll5 cu.ft.). WOC 12 surface.	nours. Held	1 1200#/30	
	sx (676  cu.ft.), for	ollowed by 100 sx. C	lass "B" with	1 2%	
4°	65/35 with 6% gel,	2% calcium chloride	1/2 cu.ft.	perlite/	
	3145' set @ <u>31</u> 58'.	Cemented with 100 s	sx. Class "B"	with 2%	
11-07-88		jts. 7", 20.0#, K-55	intermediate	casing,	
	WOC 12 hrs. Tested	d = 600#/30 minutes, he	eld ok.		
	3% calcium chloride	e (177 cu.ft.). circu	ulated to sur	face.	
		, H-40 surface casing sks. Class "B" with			
11-02-88		:30 pm 11-02-88. Dr:			
nent to this work.) *				and south pertu-	
17. DESCRIBE PROPOSED OR proposed work. If	COMPLETED OPERATIONS (Clearly state all pert well is directionally drilled, give subsurface	ineut details and give postinget dates	including entire and date		
REPAIR WELL (Other)	CHANGE PLANS	(NOTE: Report results	of multiple completion etion Report and Log for	on Well	
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMEN Spud Well	т•	
TEST WATER SHUT-OF	MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING W	<del> </del>	
TEST WATER SHUT-OF			JENT REPORT OF:		
	Check Appropriate Box To Indication of Internation to:				
16.			San Juan	MH	
14. PERMIT NO.	15. ELEVATIONS (Show whether	15. SLEVATIONS (Show whether DF, RT, GR, etc.) 6473 GL		13. STATE NM	
			N.M.P.M.		
			Sec. 09, T-3		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below 1395 'S, 870 'E			221 10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal		
					3. ADDRESS OF OPERATOR
Meridian Oil Inc.			Sunray E		
OIL GAB OTHER  2. NAME OF OPERATOR			S. FARM OR LEASE NAME		
1.			7. UNIT AGREEMENT NAME		
(Do not use this i	form for proposals to drill or to deepen or pluse "APPLICATION FOR PERMIT—" for su	ing back to a different reservoir.			
#1 1 PC 1	DRY NOTICES AND REPORT		6. IF INDIAN, ALLOTTES	OR TRIBE NAME	
CIINI	DEPARTMENT OF THE INTERIOR (Other Instructions of the Interior		5. LEASE DESIGNATION AND SERIAL NO. SF-077730		
(Formerly 9–331)	A THE PARTY OF THE PARTY			Expires August 31, 1985	
	UNITED STATES			No. 1004 of the	

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA