

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

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 type="checkbox"/> <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. Contract 66
2. NAME OF OPERATOR Meridian Oil Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Tribal
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 1090'S, 1650'E	8. FARM OR LEASE NAME Jicarilla B
14. PERMIT NO.	9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6874' GL	10. FIELD AND POOL, OR WILDCAT S. Blanco Pic. Cliffs
	11. SEC. T. R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T-25-N, R-4 - N.M.P.M.
	12. COUNTY OR PARISH Rio Arriba NM
	13. STATE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	BELL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)*

It is intended to plug the producing Pictured Cliffs zone and recomplete the Fruitland Coal formation in the following manner:

MOL&RU. TOOH w/2 3/8" tbg. Run CNL-GR-CCL from 3165-2965'. Set CIBP @ 3125'. Perforate Fruitland coal formation with 2 spf @ 3108-10', 3084-90', 3032-34', 3028-30' and 3011-20'. Frac with 50,000# sand and 65,000 gal. 30# gel. CO to PBTD. Run 1 1/4" tbg to 3108'. RD & MOL.

RECEIVED

MAY 1 1989

OIL CON.

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

SIGNED [Signature] TITLE

Regulatory Affairs (CS)

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

05-10-89

MAY 17 1989

DATE

AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side