

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 RECEIVED

(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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		69 JAN -6 PM 2:12	5. LEASE DESIGNATION AND SERIAL NO. NM-013363
2. NAME OF OPERATOR Meridian Oil Inc.		FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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 790'S, 1700'W			8. FARM OR LEASE NAME Phillips
			9. WELL NO. 800
			10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
			11. SEC., T., R. M., OR S.E. AND SUBST. OR AREA Sec. 32, T-28-N, R-08-W N.M.P.M.
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, ST, OR, etc.) 6388'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 <input type="checkbox"/>	PELL 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.)

12-21-88 Spudded well at 3:00 pm 12-21-88. Drilled to 521'. Ran 12 jts. 9 5/8", 32.3#, H-40 surface casing set at 521'. Cemented with 380 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (685 cu.ft.). circulated to surface. WOC 12 hrs. Tested 600#/30 minutes, held ok.

12-24-88 TD 2610'. Ran 83 jts. 7", 20.0#, K-55 intermediate casing, 2597' set @ 2610'. Cemented with 30 sks. Class "B" 65/35 with 6% gel, 2% calcium chloride, 1/2 cu.ft. perlite/sx (59 cu.ft.), followed by 100 sx. Class "B" with 2% calcium chloride (118 cu.ft.) followed by 50 sks. Class "B" with 2% calcium chloride (59 cu.ft.). WOC 12 hours. Held 1200#/30 min. TC by TS @ 1550.

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

SIGNED <u>[Signature]</u>	TITLE <u>Regulatory Affairs</u>	DATE <u>01-03-88</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

NMOCC

BY