UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells 90 JAN 12 AH 11: 24 5. Lease Number SF-065557 6. If Indian, All.or 1. Type of Well Tribe Name GAS FEB 07 1890 7. Unit Agreement Name OIL COM. DIV. 2. Operator DIST. 3 Meridian Oil Inc. 8. Farm or Lease Name 3. Address & Phone No. of Operator Cornell PO Box 4289, Farmington, NM 87499 9. Well No. 4. Location of Well 10.Field, Pool, Wildcat 950'S, 800'W Basin Fruitland Coal 11.Sec. T. R. M. or Blk Sec.01, T-29-N, R-12-W NMPM 14. Permit No. 12.County 13. State 15. Elevations 5818'GR San Juan MM 16. Intent to/Subsequent Report of : Re-Complete to Fruitland Coal 17. Describe proposed or completed operations: Mol Ru. PU WH. ND existing swedge & tree. Nu 2000# Larkin Head 10-04-89 & BOP. Pooh w/1" tbg. Pu & Tih w/2 3/8" & 5 1/2" csg scraper Tooh w/tbg. Ru WL. Log from 1973'-1500'. Tih w/5-1/2" CIBP set 3' from btm of csg (1961)'. Load hole w/wtr to 2250#. Remove tree saver. Tih w/RBP & Pkr to isolate leak. Tih w/dip line @ 1980'. Tih w/cmt ret set @ 1947'. Ru, test 10-06-89 tbg to 2000 psi. Tooh w/tbg & stinger. Tih w/tbg & 5 1/2" pkr. Isolate leak @ 132'. Tih w/tbg & stinger. Could not pump into. Tooh. Ru to sqz. Pumped 100 sx "B" cmt. Woc. Drld out Pu & Tih w/3-3 1/8" dc's, 5 1/2" csg scraper & 4 3/4" bit. 10-09-89 cmt @ 115'. Circ clean. Ran to PBTD w/tools. Tooh ld dc. RU Ran cbl from PBTD to 1300'. Top cmt @ 1390'. Tih. Perf'd from 1711-1936', total of 72 holes. Tih w/tbg & sap tools. Brokedown perfs. Tooh w/tools. Tih w/2 3/8" tbg w/sn 1 jt up. Swab. 10-10-89 Pooh w/tbg. Rih w/ full bore pkr set @ 226'. Frac. well. Flow to pit thru 1/4" choke. Blow down. Released pkr. Tooh w/5 1/2" tbg. Tih w/2 3/8" tbg. Tagged sand fill @ 1900'. Co to PBTD. Blow 15 min. 10-12-89 Tagged up 4925' ___CO. Let flow. Nd BOP. NU WH. 1-10-90 18. Authorized by: Regulatory Affairs NOTE: This format is issued in lieu of US BLM Form 3160-5FOR RECCRD (This space for Federal or State office use) FARMINGTON RESUURCE AREA APPROVED BY ___ TITLE CONDITION OF APPROVAL, IF ANY:

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