

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF-078596
2. NAME OF OPERATOR Meridian Oil Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 4289 Farmington, New Mexico 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 1725'S, 1850'E		8. FARM OR LEASE NAME Pump Canyon SWD
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5972' GL		10. FIELD AND POOL, OR WILDCAT Wildcat <i>Morison</i> <i>Extenda</i>
		11. SEC., T., R., M., OR S.W. AND SURVEY OR AREA Sec. 7, T30N, R8W NMPM
		12. COUNTY OR PARISH 13. STATE San Juan NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	CELL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<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"/>		

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"/>		

(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.)\*

9/1/88 TD 5540'. Ran 60 joints 9 5/8", 40.0#, N-80 casing liner (2615') set @ 5536'. Float shoe set @ 5536'. Float collar set @ 5516'. Top of liner @ 2921'. Cemented with 800 sx 50/50 class "B" pozmix with 2% gel, 10% salt, 1.0% Halad-9, and 1/4# flocele/sack. Tailed in with 100 sacks class "B" neat with 0.4% Halad-22A and 1/4 # flocele/sack. WOC 18 hours. Pressure tested liner top to 1500 psi, 30 minutes-held ok.

RECEIVED  
SEP 20 1988  
OIL CO. OF NEW MEXICO  
DIST. 1

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

SIGNED

*Regan Bradford*

TITLE

Regulatory Affairs

DATE

9-15-88

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED DATE

CONDITIONS OF APPROVAL, IF ANY:

SEP 16 1988

\*See Instructions on Reverse Side