

CORRECTED COPY

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>	2. NAME OF OPERATOR Meridian Oil Inc.	3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1310'N, 2270'E	5. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5587'GL	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Hubbell Com	9. WELL NO. 296	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-29-N, R-10-W N.M.P.M.	12. COUNTY OR PARISH San Juan	13. STATE NM
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19. 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"/>	PULL 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) <input type="checkbox"/>	Spud Well <input type="checkbox"/>

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.) *

- 04-22-89 Spudded well at 7:15 pm 04-22-89. Drilled to 235'. Ran 5 jts. 9 5/8", 36.0#, K-55 surface casing set at 235'. Cemented with 150 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (177 cu.ft.) circulated to surface. WOC 12 hrs. Tested 600#/30 minutes, held ok.
- 04-25-89 TD 1879'. Ran 44 jts. 5 1/2", 15.5#, K-55 casing, 1867' set @ 1879'. Cemented with 420 sks. Class "B" 65/35 with 6% gel, 2% calcium chloride, 1/2 cu.ft. perlite/sx (810 cu.ft.) followed by 100 sks. Class "B" with 2% calcium chloride (118 cu.ft.) circulated to surface. WOC 12 hours. Held 1200#/30 min.

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

SIGNED [Signature] TITLE Regulatory Affairs DATE 04-27-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE 04-27-89

FARMINGTON RESOURCE AREA

BY 164

*See Instructions on Reverse Side