

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

SUBMIT IN TRIPLICATE

5. Lease Designation and Serial No.

SF-078777

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Rosa Unit 63

9. API Well No.

30-039-21395

10. Field and Pool, or Exploratory Area

Basin Fruitland Coal

11. County or Parish, State

Rio Arriba

1. Type of Well

Oil Gas
☐ Well ☒ Well ☐ Other

2. Name of Operator

Meridian Oil, Inc.

3. Address and Telephone No.

P. O. Box 4289, Farmington, NM 87499 505-326-9700

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

**1630' FNL, 1850' FEL
Sec. 30 T31N-R4W**

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing ____
☒ Other **SI** _____

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Effective 9/1/95, this well was SI due to an unecomonic status.

THIS APPROVAL EXPIRES **DEC 01 1998**

RECEIVED
NOV - 8 1995

OIL COAL

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

Signed **[Signature]**

Title **[Signature]**

Date **11/2/95**

(This space for Federal or State office use)

Approved _____

Title _____

Date _____

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations any matter within its jurisdiction.

*See Instruction on Reverse Side

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