

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**

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)

**2125' FSL, 1340' FWL  
Sec. 3 T31N-R4W**

5. Lease Designation and Serial No.

**SF-078891**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

**Rosa Unit 284**

9. API Well No.

**30-039-24973**

10. Field and Pool, or Exploratory Area

**Basin Fruitland Coal**

11. County or Parish, State

**Rio Arriba**

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.**

RECEIVED  
NOV - 8 1995  
OIL CON. DIV.  
DIST. 13

THIS APPROVAL EXPIRES **DEC 01 1996**

NOV 10 1995  
DISTRICT MANAGER

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

Conditions of approval, if any:

Title

Date

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

**APPROVED**

NOV 06 1995

DISTRICT MANAGER