

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-013
Expires August 31, 1985

3. LEASE DESIGNATION AND SERIAL NO.

SF-078319

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 GAS WELL OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR Meridian Oil Inc.

8. FARM OR LEASE NAME

Riddle E Com

3. ADDRESS OF OPERATOR

9. WELL NO.

250

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface Post Office Box 4289, Farmington, NM 87499
1740'S, 1035'E

10. FIELD AND POOL, OR WILDCAT

Basin Fruitland Coa

11. SEC., T., R. M. OR S.E. AND SURVEY OR AREA

Sec. 04, T-30-N, R-09-

N.M.P.M.

14. PERMIT NO. 15. ELEVATIONS (Show whether of. ST. OR. etc.)

6095'GL

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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF PELL OR ALTER CASING
FRACTURE TREAT MULTIPLE COMPLETE
SHOOT OR ACIDIZE ABANDON*
REPAIR WELL CHANGE PLANS

WATER SHUT-OFF REPAIRING WELL
FRACTURE TREATMENT ALTERING CASING
SHOOTING OR ACIDIZING ABANDONMENT*
(Other) Running Casing

(Other)

NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Describe 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.)

03-20-89 TD 2869'. Ran 7 jts. 5 1/2", 15.5#, KS casing liner, 315' set @ 2869'. Float shoe set @ 2869'. Top of liner hanger @ 2554'. Did not cement.

RECEIVED
 APR 27 PM 1:38
 BLM

RECEIVED
 APR 27 1989
 REGIONAL DIV.
 ALBUQUERQUE

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

SIGNED [Signature] TITLE Regulatory Affairs DATE 03-27-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY:

WING

*See Instructions on Reverse Side