

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"/>	88 OCT 31 PM 2:02	5. LEASE DESIGNATION AND SERIAL NO. NM-013688
2. NAME OF OPERATOR Meridian Oil Inc.	FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 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 1505'S, 795'W		8. FARM OR LEASE NAME Atlantic
		9. WELL NO. 206
		10. FIELD AND POOL, OR WILDCAT Undes. Fruitland Coal
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T-31-N, R-10-W N.M.P.M.
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, OR, etc.) 6260	12. COUNTY OR PARISH San Juan
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <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"/>	Spud Well <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.)

10-23-88 Spudded well at 5:30 pm 10-23-88. Drilled to 244'. Ran 5 jts. 9 5/8", 32.3#, H-40 surface casing set at 244'. 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.

10-28-88 TD 3047'. Ran 71 jts. 7", 20.0#, K-55 intermediate casing, 3034' set @ 3047'. Cemented with 450 sks. Class "B" 65/35 Poz, with 6% gel, 2% calcium chloride and 1/2 cu.ft./sack perlite (877 cu.ft.) followed by 100 sks. Class "B" with 2% calcium chloride (118 cu.ft.). WOC 12 hours. Held 1200#/30 min.

10-30-88 TIH w/fullbore pkr set @ 2831'. Test 1500#/5 min, ok. Reset pkr @3013'. Test below pkr to 1500#/50 min, ok. TOOH. Set wireline 7" drillable BP @2820'. Test csg 1500#/5 min, ok. Shot 2 squeeze holes @ 2800'. Circ thru bradenhead. TIH w/7" cmt. retainer set @ 2697'. Cemented with 420 sx. Class "B" with 6% gel, 2% calcium chloride and 1/2 cu.ft./sx. perlite (819 cu.ft.), followed by 100 sx. Class "B" with 2% calcium chloride (118 cu.ft.), WOC 12 hrs. circ to surface.

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

SIGNED [Signature] TITLE Regulatory Affairs DATE 10-31-88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side