Form 3160-5 (November 1983) (Formerly 9-331)	UNITED STATES DEPARTMENT OF THE INTER BUREAU OF LAND MANAGEMEN		5. LEASE DESIGNATION AND SERIAL NO.
SUNDI (Do not use this for	RY NOTICES AND REPORTS (The for proposals to drill or to deepen or plug to "APPLICATION FOR PERMIT—" for such p	ON WELLS back to a different reservoir. propossis.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
I. OIL GAS W			7. UNIT AGREEMENT NAME
WELL WELL A OTHER 2. NAME OF OPERATOR			S. FARM OR LEASE NAME
Meridian Oil Inc.			Newco
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499			9. WELL NO.
Paget leasting significant and in accordance with any Crate requirements			10. PIBLD AND POOL, OR WILDCAT
See also space 17 below 1190 'S, 1450 'W			Undes.Fruitland Coal
			11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA
			Sec.19,T-32-N,R-09-W
14. PERMIT NO.	15. ELEVATIONS (Show whether DE	F, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	66	54'GL	San Juan NM
16.	Check Appropriate Box To Indicate N	Nature of Notice, Report, or C	Other Data
NOTICE OF INTENTION TO:			DENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	ESPAIRING WELL
PRACTURE TREAT	MULTIPLE COMPLETE	PRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON®	SHOOTING OR ACIDIZING	bud Well
REPAIR WELL (Other)	CHANGE PLANS	(NOTE: Report results	of multiple completion on Well letion Report and Log form.)
17. DESCRIBE PROPUSED OR CO	MPLETED OPERATIONS (Clearly state all pertinential is directionally drilled, give subsurface local	it details, and give pertinent dates,	including estimated date of starting any
nent to this work.)	m is unectionally drined, give substitute local	mons and measured and tide veitle	m debens tot mit matrets and somes betti-
08-15-88	Spudded well at 4:00 jts. 9 5/8", 36.0#, K Cemented with 150 sks 3% calcium chloride (WOC 12 hrs. Tested 6	-55 surface casing . Class "B" with 1 177 cu.ft.). Circ	set at 229'. /4#/sk. gel-flake and culated to surface.
BB ALS 22 PM 2: 14 FARMING STATES OF 2: 14			
18. I hereby certify that the	foregoing is true and correct		

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

SIGNED APPROVED BY _______ TITLE ______ TITLE ______ TITLE ______ TITLE _______ TOOLDITIONS OF APPROVAL, IF ANY:

RWOCC

*See Instructions on Reverse Side

TUSMOS OF THE