

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 checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM-58887
2. NAME OF OPERATOR Meridian Oil Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 4289 Farmington, New Mexico 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 1190'S, 1145'E 1/4 50	8. FARM OR LEASE NAME Newco
14. PERMIT NO.	9. WELL NO. 101
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 6654' GL	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coa
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T32N, R09W NMMPM
	12. COUNTY OR PARISH San Juan
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, 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"/>		<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"/>		<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.) \*

5-8-89 Mol Ru. Nd tree. Nu bop. pull donut, 30', tight hole, work tbg loose. toh w/2 3/8" tbg. tih w/3 7/8" bit to btm of 7" csg 3165'KB tih tag fill @ 3297'KB. pu swivel. pull 5 stds to string float. toh bit to 3198'KB. co to 3259'KB. tih w/bit to 3014'. co bp @ 3014'. toh w/20 stds tbg to 1775'. tih w/tbg, hit bridge @ 2649'. co to btm @ 3475'. toh w/12 stds tbg to 2650'. tih w/tbg, tag fill @ 3469'. co to btm @ 3475'. toh w/bit. tih w/2 3/8" exp chk, "F" nip. Landed tbg @ 3431', "F" nip @ 3400'. nd bop. nu wh. pump out exp chk. unload hole. blow to pit.

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

SIGNED [Signature]

TITLE Regulatory Affairs

ACCEPTED [Signature] DATE MAY 25 1989

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE MAY 25 1989

FARMINGTON RESOURCE AREA

SMW

\*See Instructions on Reverse Side