

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.)

5. LEASE DESIGNATION AND SERIAL NO.
NM-01594
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Kelly A Com
9. WELL NO.
205
10. FIELD AND POOL, OR WILDCAT
Basin Fruitland Coal
11. SEC., T., R., M., OR S.W. AND
SUBVY OR AREA
Sec. 15, T31N, R10W
NMPM
12. COUNTY OR PARISH
San Juan
13. STATE
NM

1. OIL WELL ☐ GAS WELL ☒ OTHER
2. NAME OF OPERATOR
Meridian Oil Inc.
3. ADDRESS OF OPERATOR
P.O. Box 4289 Farmington, New Mexico 87499
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.) 1485'S, 1460'W
At surface
14. PERMIT NO.
15. ELEVATIONS (Show whether OF, RT, GR, etc.)
6207' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ POLL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) Permit to Drill Extension ☒

SUBSEQUENT REPORT OF:

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

(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 perti-
nent to this work.)

It is anticipated that the "Permit to Drill" will expire before this well can be spudded;
Therefore, an extension is requested.

RECEIVED
SEP 25 1989
31 CON. DIV.
DIST. 8

THIS APPROVAL EXPIRES MAR 06 1990

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

SIGNED [Signature]

TITLE Regulatory Affairs

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE [Signature]

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE 9-13-89

SEP 20 1989

DATE

AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side