

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"/>	5. LEASE DESIGNATION AND SERIAL NO. Jic. Apache #66
2. NAME OF OPERATOR Meridian Oil Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499	7. UNIT AGREEMENT NAME Jicarilla B
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650'S, 1075'E	8. FARM OR LEASE NAME Jicarilla B
14. PERMIT NO.	9. WELL NO. 15
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 6936' GL	10. FIELD AND POOL, OR WILDCAT S. Blanco Pic. Cliffs
	11. SEC. T., R., W., OR BLK. AND SURVEY OR AREA Sec. 33, T-25-N, R-4 -W N.M.P.M.
	12. COUNTY OR PARISH Rio Arriba 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 COMPLETION <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 checked="" type="checkbox"/>
(Other) <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.)\*

10-15-87 MOL&RU. TIH w/1 1/4" work string to 3259'. Tag TD. Pumped 20 bbls. 9# gel. Broke circ. Pump 15 sx (3 bbls.) cmt. TOOH. WOC. Ran wireline. Tag TOC @ 2820'. Pull up, shot 2 holes @ 2685'. TIH w/tbg to 2696'. Broke circ w/9# mud & spot 60 sx (12 bbls.) cmt. plug. TOOH w/work string. TIH w/wireline, shot 2 holes @ 190'. SDFN.

10-16-87 TIH w/1 1/4" work string. Tag cmt @ 2503'. TOOH. LD 1 1/4" tbg. Broke circ w/wtr thru bradenhead. Circ 14 bbls. 9# gel. Circ 13 bbls (55 sx) cmt. Got returns out bradenhead. Cut off wellhead. Set dry hole marker.

Approved as to plugging of the well bore.  
Likely under bond to remain until  
surface restoration is completed.

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

SIGNED Peggy Doak

TITLE Drilling Clerk

DATE 11-17-87

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

APPROVED

NOV 20 1987

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

WMOCC