

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 <input 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 P.O. Box 4289 Farmington, New Mexico 88409	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with 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 DP, RT, OR...) 6936' GL	10. FIELD AND POOL, OR WILDCAT S. Blanco Pictured Cliffs
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T25N, R4W NMPM
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

RECEIVED  
SEP 23 PM 3:37  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

RECEIVED  
SEP 23 1988  
OIL CON. DIV.  
DIST. 3

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DES. RIDE PROPOSED OR COMPLETED OPERATIONS. (Describe 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.) \*

The following was completed to BLM specifications as stated in letter dated 10-16-87.

1. A permanent monument was cemented in the wellbore. It was labeled with the operators name, well name and number, legal location and lease number.
2. All fences, production equipment, purchaser's equipment, concrete slabs, deadmen (anchors), flowlines, risors, debris and trash were removed from location.
3. All oily soil and fluids were disposed of properly.
4. Pits were filled in and the edges of the pads shaped to conform to the natrual terrain.
5. Pads were leveled, dressed up by a maintainer, ripped and disked.
6. Access roads were leveled, waterbarred, disked and blocked off with earthen berms.
7. All disturbed areas were seeded 9-19-88.

18. I hereby certify that the foregoing is true and correct  
SIGNED [Signature] TITLE Regulatory Affairs DATE SEP 26 1988  
(This space for Federal or State office use)

ACCEPTED FOR RECORD

DATE

SEP 26 1988  
DATE

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

NMOCC

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

BY [Signature]