

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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 ☐ GAS WELL ☒ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Cont #67
2. NAME OF OPERATOR Meridian Oil Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 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 900'S, 990'W	8. FARM OR LEASE NAME Jicarilla 67
14. PERMIT NO.	9. WELL NO. 10
15. ELEVATIONS (Show whether OF, RT, OR, etc.) 6664' GL	10. FIELD AND POOL, OR WILDCAT Otero Ch/Basin Dk
	11. SEC. T. R. M. OR S.E. AND SURVEY OR AREA Sec. 30, T-25-N, R-05-W N.M.P.M.
	12. COUNTY OR PARISH, 13. STATE Rio Arriba NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Include 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.)*

A temporary compressor was installed on this location 12-8-88.

RECEIVED
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO
05 MAR -7 PM 2:26

RECEIVED
MAR 15 1989
OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Regulatory Affairs ACCEPTED FOR RECORD 03-03-89
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE MAR 13 1989
CONDITIONS OF APPROVAL, IF ANY: _____

FARMINGTON RESOURCE AREA

BY [Signature]

*See Instructions on Reverse Side