

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. Cont. LS #65
2. NAME OF OPERATOR Meridian Oil Inc.	8. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR P. O. Box 4289, Farmington, NM 87499-4289	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 950'S, 1780'E	8. FARM OR LEASE NAME Jicarilla C
14. PERMIT NO.	9. WELL NO. 12
15. ELEVATIONS (Show whether OF, ST, GR, etc.) 7159' GL	10. FIELD AND POOL, OR WILDCAT S. Blanco Pic Cliffs
	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec 16, T-25-N, R-4-W N.M.P.M.
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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 checked="" type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

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)			

(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.) *

It is intended to repair the casing failure in the following manner: MOL & RU. kill well as needed. Nd Wellhead, NU bop. Release Packer & TOOH. Set sand plug across perf's. Tih W/packer and test sand plug to 1000 psi. Locate hole in casing. Shoot Charge across collar 1 joint below failure. Unscrew casing and pull out of hole. Pick up new joint and screw back into production casing. Press test to 1000 psi. Clean out sand plug w/nitrogen. Tih w/1 1/4" tbg & reset packer. Rig down and release rig.

RECEIVED
FEB 22 1990
OIL CON. DIV.
DIST. 3

Approved 2-16-90

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

SIGNED [Signature]

TITLE Regulatory Affairs

DATE

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE