

(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

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"/> <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SE-079973	
2. NAME OF OPERATOR Meridian Oil Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME 36-139-24-223 5/22/88	
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 790' N, 1165' W 2235/5 1480/E		8. FARM OR LEASE NAME Donohue	
14. PERMIT NO.		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6487' GL		10. FIELD AND POOL, OR WILDCAT Undes. Fruitland Coal	
		11. SEC., T., R., OR BLK. AND SURVEY OR AREA Sec. 07, T-25-N, R-07-W N.M.P.M.	
		12. COUNTY OR PARISH Rio Arriba NM	
		13. STATE	

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"/>
(Other) Complete in Undes. Coal <input checked="" 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.)

The Application for Permit to Drill was filed and approved for this well as a Ballard Pictured Cliffs. It is now intended to complete this well in the Undesignated Fruitland Coal formation in the following manner:

MOL&RU completion rig. ND WH, NU BOP. Top off hole w/wtr & PT to 3000#. TIH w/2 3/8", 4.7#, workstring open ended to 2363'. Circulate hole w/1% KCl slickwater. Spot 125 gal. 7.5% HCl w/inhibitor from 2000-2275'. RU lubricator, run GR-CCL from PBTD 2363 to 1850. Perf 2145', 2176', 2188', 2226', 2230', 2232', 2258', 2267', and 2268' for total of 9 holes. BD & est. rate into perfs. Drop ball sealers. Run junk basket to knock balls off perfs & retrieve. TIH w/workstring w/expendable check on btm & common pump SN one jt. off btm. Gge well. If well is flowing, TOO H w/ 2 3/8" tbg. TIH w/1 1/4", 2.4#, EUE tbg w/pump off plug on btm & common pump SN one jt off btm & land at 2268'.

If well is TSTM, TOO H w/2 3/8" tbg & frac w/slickwater & sand. Obtain SI pressures. TIH w/2 3/8" tbg w/expendable check on btm & common pump SN one jt. off btm. Gge well. CO sand flowing back from fracture.

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

SIGNED [Signature] TITLE Regulatory Affairs () DATE 08-25-88

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE AREA MANAGER

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse