

UNITED STATES
DEPARTMENT OF THE INTERIOR
SF BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985
SF-079973

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"/>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Meridian Oil Inc.	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499	8. FARM OR LEASE NAME Donohue
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/S 1480/E	9. WELL NO. 3
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT Ballard Pic. Cliffs
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 6487' GL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 7, T-25-N, R- 7-W N.M.P.M.
	12. COUNTY OR PARISH Rio Arriba
	13. STATE 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 COMPLETE <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 type="checkbox"/>
(Other) <input type="checkbox"/>	Run Casing <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.)

07-22-88 Ran 59 jts. 4 1/2", 10.5#, J-55 production casing, 2368' set @ 2380'. Self-fill insert set @ 2337'. Cemented with 200 sks. Class "B" 65/35 Poz with 5% gel, 2% calcium chloride and 1/2 cu.ft. perlite (386 cu.ft.) followed by 100 sks. Class "B" with 2% calcium chloride (118 cu.ft.) WOC 18 hours. Circulated to surface.

RECEIVED
SEP 02 1988
OIL CON. DIV
OST. 2

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OST. 2

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

SIGNED

Peggy Stadfield

TITLE

Regulatory Affairs

DATE

8-24-88

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

AUG 30 1988

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side