UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.
SF-077952

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.
OIL WELL ☐   GAS WELL ☒   OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Meridian Oil Inc.

8. FARM OR LEASE NAME
Gordon

3. ADDRESS OF OPERATOR
P.O. Box 4289 Farmington, New Mexico 87499

9. WELL NO.
1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface   1650'S, 1650'E

10. FIELD AND POOL, OR WILDCAT
Fulcher-Kutz PC

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec.22, T27N, R10W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6179'GR

12. COUNTY OR PARISH
San Juan

13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) _____	☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(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.)*

This well will be recompleted to the Fruitland Coal. The Pictured Cliffs will be abandoned by setting a cement retainer in the 5 1/2" casing @ 1978' and squeezing 28 sx (33cf) of class "B" neat cement under retainer. The caol interval uphole will be completed.

RECEIVED
SEP 1 - 1988
OIL CON. DIV
DIST. 3

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

SIGNED _____   TITLE Regulatory Affairs   DATE 8-25-88

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE **APPROVED**

CONDITIONS OF APPROVAL, IF ANY:

AUG 30 1988

AREA MANAGER

*See Instructions on Reverse Side