

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF-078935	
2. NAME OF OPERATOR Meridian Oil Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
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 990'N, 990'E		8. FARM OR LEASE NAME Thompson C	
14. PERMIT NO.		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5944'GL		10. FIELD AND POOL, OR WILDCAT W. Kutz Pic. Cliffs	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T-27-N, R-12-W N.M.P.M.	
		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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<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"/>		

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 checked="" type="checkbox"/>
(Other)	<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.)*

- 11-02-88 MOL&RU. ND WH, NU BOP. TOO H w/1" tbg. TIH w/60 jts. 2 3/8" tbg to 1591'. Pump 51 BW to circ hole, then 54 sx Class "B" w/2% calcium chloride in 11.35 bbls. of 15.6 ppg slurry, TOO H w/20 jts. 2 3/8" tbg. Circ hole w/40 BW. SDFN.
- 11-03-88 TIH, tag cmt top @ 1569', pull up 15' & circ haole w/22 BW, pump 38 sx (44 cu.ft.) Class "B" cmt w/2% calcium chloride in 8 bbls. of 15.6 ppg slurry, displaced tbg w/6 BW. TOO H w/6 stds 2 3/8" tbg. WOC 3 hrs. TIH, tag cmt top @ 1285', pull up 15' & circ hole w/36 bbls. 9.0 ppg 50 vis gel mud. TOO H w/2 3/8" tbg. RU wireline & shot 2 holes @ 501' and @ 150'. RD wireline. TIH w/5 1/2" cmt. retainer set @ 291'. Test tbg to 250 psi, pump 1 BW, squeezed 56 sks (66 cu.ft.) Class "B" cmt. in 11.8 bbls. of 15.6 ppg slurry, displaced tbg w/1.2 BW. TOO H w/2 3/8" tbg & retainer setting tool. TIH w/3 jts. 2 3/8" tbg, pumped 81 sx (96 cu.ft.) of 17 bbls. of 15.6 ppg slurry, & circ to surface. TOO H w/2 3/8" tbg. ND BOP. Dug down 5' & cut off wellhead. filled hole w/2 bbls. cmt. Welded 1/2" steel plate across top of surface csg, covered plate. Released rig.

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

SIGNED [Signature]

TITLE Regulatory Affairs

DATE 12-05-88

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side