

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 type="checkbox"/> <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. SF-078050
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 1500'S, 1020'W	8. FARM OR LEASE NAME Turner Hughes
	9. WELL NO. 8
	10. FIELD AND POOL, OR WILDCAT S. Blanco Pic. Cliffs
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 04, T-27-N, R- 9-W
	N.M.P.M.
14. PERMIT NO.	12. COUNTY OR PARISH 13. STATE San Juan NM
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	

18. 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"/>	

(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.) *

Below

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 at 2445' and squeezing 39 sx (45 cu.ft.) of Class "B" neat cement under retainer. The coal interval uphole will be recompleted.

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

SIGNED [Signature] TITLE Regulatory Affairs (CB)

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

NMOCC

*See Instructions on Reverse Side

APPROVED

DATE 04-8-89

APR 9 1989

DATE

AREA MANAGER
FARMINGTON RESOURCE AREA

