

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. NM-011393
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 850'N, 1470'E	8. FARM OR LEASE NAME Cleveland
14. PERMIT NO.	9. WELL NO. 220
15. ELEVATIONS (Show whether OF, BT, GR, etc.) 6217'GL	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coa
	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 21, T-27-N, R-9 N.M.P.M.
	12. COUNTY OR PARISH San Juan
	13. STATE NM

18. 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"/>	RELL 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"/>	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

19. 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.)

It is intended to perform remedial cementing operations on this well in the following manner:

MOL&RU. Pull 2 3/8" tbgr. Set bridge plug @+1800'. Perf two squeeze holes @ +750'. Squeeze cement with 225 cu.ft. Class "B" cmt (100% excess to circulate to surface). WOC 12 hrs. Pressure test to 1000#. Clean out to TD and rerun 2 3/8" tbgr. NU WH and release rig.

Mark Kelly must be notified ~~with~~
at least 24 hours in advance of operations
beginning.

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Regulatory Affairs (DATE 07-17-89)
(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE
NMOCD

*See Instructions on Reverse Side

APPROVED

JUL 20 1989

AREA MANAGER