

**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 GAS WELL OTHER

2. NAME OF OPERATOR Meridian Oil Inc.

3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
 See also space 17 below.)
 At surface 790'N, 1330'E

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6860'GL

5. LEASE DESIGNATION AND SERIAL NO.
SF-078050

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
Turner Hughes

9. WELL NO.
272

10. FIELD AND POOL, OR WILDCAT
Basin Fruitland Coal

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA
Sec. 04, T-27-N, R- 9-W
N.M.P.M.

12. COUNTY OR PARISH 13. STATE
San Juan NM

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"/>	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) <u>Spud Well</u>	
(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.)*

04-10-89 Spudded well at 4:30 pm 04-10-89. Drilled to 526'. Ran 12 jts. 9 5/8", 36.0#, K-55 surface casing set at 526'. Cemented with 380 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (437 cu.ft.) circulated to surface. WOC 12 hrs. Tested 600#/30 minutes, held ok.

04-13-89 TD 2976'. Ran 66 jts. 7", 20.0#, K-55 intermediate casing, 2783' set @ 2976'. Cemented with 400 sks. Class "B" 65/35 with 6% gel, 2% calcium chloride, 1/2 cu.ft. perlite/sx (772 cu.ft.) followed by 100 sks. Class "B" with 2% calcium chloride (115 cu.ft.) WOC 12 hours. Held 1200#/30 min. TC by TS @ 505'.

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

SIGNED [Signature] TITLE Regulatory Affairs DATE 04-08-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

