

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"/> X 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 790'N, 1330'E	8. FARM OR LEASE NAME Turner Hughes
14. PERMIT NO.	9. WELL NO. 272
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 6860'GL	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 4, 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:

TEST WATER SHUT-OFF <input type="checkbox"/>	RELL 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"/>	Running Casing <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.)

05-09-89 TD 2942'. Ran 7 jts. 4 1/2", 10.5#, K-55 casing liner, 267' set @ 2942'. Float shoe set @ 2942'. Top of liner hanger @ 2675'. Cemented w/20 sks. Class "B" 65/35 Poz w/6% gel, 2% calcium chloride and 0.5 cu.ft./sx perlite (39 cu.ft.), tailed by 50 sks. Class "B" with 2% calcium chloride (59 cu.ft.). Did not hold.

05-10-89 Shot 2 squeeze holes @ 2914'. TIH w/retainer on 2 3/8" tbgr set @ 2869'. PT 500#. Cement w/50 sx. Class "G" neat w/2% calcium chloride (58 cu.ft.). Reverse out 1 bbl. cmt. WOC 18 hrs.

05-11-89 TIH set cmt ret @ 2859'. PT annulus. Cmt w/100 sks. Class "G" neat w/2% calcium chloride (115 cu.ft.). Reversed out 1/4 bbls. cmt.

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

SIGNED [Signature] TITLE Regulatory Affairs DATE 05-15-89  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

\*See Instructions on Reverse Side

