

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 5. LEASE DESIGNATION AND SERIAL NO. SF-077875 |
| 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 1420'S, 1850'W | | 8. FARM OR LEASE NAME Rowley |
| 9. PERMIT NO. | | 9. WELL NO. 155 |
| 10. ELEVATIONS (Show whether DF, RT, GR, etc.) 6148'GL | | 10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA ✓ Sec. 17, T-27-N, R-10-W N.M.P.M. |
| | | 12. COUNTY OR PARISH San Juan |
| | | 13. STATE NM |

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

| | | | |
|------------------|--------------------------|----------------------|--------------------------|
| 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"/> |

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) | Running Casing | | |

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

18. 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.) *

04-28-89 TD 1915'. Ran 5 jts. 5 1/2", 15.5#, K-55 casing liner, 228' set @ 1915'. Float shoe set @ 1915'. Top of liner hanger @ 1687'. Did not cement.

RECEIVED

JUN 17 1989

RECEIVED
JUN 19 1989
BUREAU OF LAND MANAGEMENT
U.S. DEPARTMENT OF THE INTERIOR

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

SIGNED [Signature] TITLE Regulatory Affairs DATE 06-15-89

(This space for Federal or State office use)

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

*See Instructions on Reverse Side