Form 3160-5

UNITED STATES

SUBMIT IN TRIPLICATE.

Form approved.
Budget Bureau No. 1004-0135
Expires August 31 1085

(November 1983) (Formerly 9-331)	SESTED AFTER AFTER AFTER ANTERIORS					5. LEASE DESIGNATION AND SERIAL NO. SF - 078425		
SU (Do not use th	NDRY NO	TICES AND REPO	ORTS O	N WELLS ck to a different reservoir.	6. IF INDIAN, AL	LOTTER OR TRIBE NAME		
OIL GAS	OIL GAS T					7. UNIT AGREEMENT NAME San Juan 29-7 Unit		
NAME OF OPERATOR Meridian Oil Une					8. FARM OR LEASE NAME			
El Paso Natural Gas Company						an 29-7 Unit		
3. ADDRESS OF OPERATOR					9. WELL NO.			
Post Office Box 4289, Farmington, NM 87499 6. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 860'N, 1190'W					143			
					1 (d Pic.Cliffs		
At surrace	500 N,	TIDO W		•	11. SEC., T., B.,			
					Sec. 25	T-29-N,R- 7-W		
					N.M.P.			
14. PERMIT NO.	PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)					PARISE 13. STATE		
			67	94'GL	Rio Ar	riba NM		
16.	Charle A	Annoprista Ray Ta Ia	diens N.	iture of Notice, Report, or	Other Data			
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	NOTICE OF INT	ENTION TO:		#0383 	QUENT REPORT OF:	,		
TEST WATER SHUT	-OFF	PULL OR ALTER CASING	_	WATER SHUT-OFF	REPA:	RING WELL		
PRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT	 i	RING CABING		
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING		DONMENT.		
REPAIR WELL		CHANGE PLANS		(Other) (Norm: Report result	Run Casin	letion on Well		
(Other)		nen-recover (Clander state of	1) mastingut	Completion or Recom- details, and give pertinent date	pletion Report and	Log form.)		
	Cencal tai 6.2 660 chi	mented with 50 lcium chloride iled by 100 si 25 #/sx gilson sks. Class loride and 1/2	0 sx. e and ks. Cl ite an "B" 65 2 cu.f	W ⁰	Poz w/6% grlite (96 calcium chll8 cu.ft.) gel, 2% cacu.ft.) CT2 6 1963	el, 2% cu.ft.), loride,) followed by lcium WOC 18		
18. I hereby certify th	at the foregoing			Gulatory Affairs	CON. D'	10-21-88		
SIGNED/		TO SELLA TI	TLE	garacory Arrairs	DATE	10-21-00		
(This space for Fe	deral or State o		TLE		DATE			
CONDITIONS OF	APPROVAL, IF		NMOC					

*See Instructions on Reverse Side