

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF-078502A	
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 1810'N, 1660'W		8. FARM OR LEASE NAME Hardie A Com	
14. PERMIT NO.		9. WELL NO. 210	
15. ELEVATIONS (Show whether OF, RT, OR, etc.) 6610'GL		10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal	
		11. SEC., T., S., M., OR BLK. AND SUBST. OR AREA Sec. 24, T-29-N, R- 8-W N.M.P.M.	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PCCL 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"/>	Spud Well <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.) \*

11-20-88 Spudded well at 7:30 pm 11-20-88. Drilled to 321'. Ran 5 jts. 9 5/8", 32.3#, H-40 surface casing set at 321'. Cemented with 150 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (177 cu.ft.). circulated to surface. WOC 12 hrs. Tested 600#/30 minutes, held ok.

11-25-88 TD 3321'. Ran 77 jts. 7", 20.0#, K-55 intermediate casing, 3308' set @ 3321'. Cemented with 60 sks. Class "B" 65/35 with 6% gel, 2% calcium chloride, 1/2 cu.ft. perlite/ sx (955 cu.ft.), followed by 100 sx. Class "B" with 2% calcium chloride (118 cu.ft.), cemented second stage w/425 sks. Class "B" 65/35 Poz w/6% gel, 2% calcium chloride & 1/2 cu.ft. perlite/sx (897 cu.ft.) followed by 100 sks. Class "B" w/2% calcium chloride (118 cu.ft.). WOC 12 hours. Held 1200#/30 min. Circulated to surface.

RECEIVED  
DEC 05 1988

OIL COMPLETION

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

SIGNED [Signature] TITLE Regulatory Affairs DATE 11-28-88

(This space for Federal or State office use)

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

NMOCC

\*See Instructions on Reverse Side