

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse 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"/> | 2. NAME OF OPERATOR<br>Meridian Oil Inc.                  | 3. ADDRESS OF OPERATOR<br>Post Office Box 4289, Farmington, NM 87499 | 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface 1120'N, 1450'E | 5. LEASE DESIGNATION AND SERIAL NO.<br>SF-078487C | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | 7. UNIT AGREEMENT NAME | 8. FARM OR LEASE NAME<br>Sunray | 9. WELL NO.<br>210 | 10. FIELD AND POOL, OR WILDCAT<br>Basin Fruitland Coal | 11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA<br>Sec. 05, T-29-N, R-8 -W N.M.P.M. | 12. COUNTY OR PARISH<br>San Juan | 13. STATE<br>NM |
| 14. PERMIT NO.   | 15. ELEVATIONS (Show whether DP, RT, GR, etc.)<br>6270'GL |  |   |   |                                      |                        |                                 |                    |  |  |                                  |                 |

16. 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"/> | PEEL 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>                       |  |

(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.) \*

11-21-88 Spudded well at 9:30 pm 11-21-88. Drilled to 235'. Ran 5 jts. 9 5/8", 32.3#, H-40 surface casing set at 235'. Cemented with 150 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (174 cu.ft.). circulated to surface. WOC 12 hrs. Tested 600#/30 minutes, held ok.

11-26-88 TD 2975'. Ran 70 jts. 7", 20.0#, K-55 intermediate casing, 2962' set @ 2975'. Cemented with 100 sks. Class "G" w/2% calcium chloride (118 cu.ft.) followed by 360 sks. Class "B" 65/35 with 6% gel, 2% calcium chloride, 1/2 cu.ft. perlite/sx (702 cu.ft.), followed by 100 sx. Class "B" with 2% calcium chloride (118 cu.ft.). WOC 12 hours. Held 1200#/30 min. Circulated to surface.

RECEIVED  
DEC 05 1988  
OIL & GAS  
BUREAU

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

|                           |                                 |                      |
|---------------------------|---------------------------------|----------------------|
| SIGNED <u>[Signature]</u> | TITLE <u>Regulatory Affairs</u> | DATE <u>11-28-88</u> |
|---------------------------|---------------------------------|----------------------|

(This space for Federal or State office use)

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

NMOCC

DEC 01 1988

\*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA