Form 9-331 (May 1963)

16.

UNITED STATES DEPARTMENT OF THE INTERIOR (Other Installed)

SUBMIT IN TRIPLICATE* Instructions on re-

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SF 081239

GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

	Use "APPLICA	TION FOR PERMIT—" for such proposals.)			
1.			7, UNIT AGREEMENT NA	ME	
	WELL GAS X OTHER		Blanco Com	30-12	
2.	NAME OF OPERATOR		8. FARM OR LEASE NAM	ME	
	Northwest Product:	ion Corporation	Blanco Com	30-12	
3.	ADDRESS OF OPERATOR	The second secon	9. WELL NO.		
	PO Box 990, Farmin	ngton, NM 87401	1		
4.	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1950'N, 875'E		filora Vista Blanco Mesa		
	1095		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
			Sec.4,T-30-	N,R-12-W	
		NMPM			
14.	PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISE	1 13. STATE	
		5929'GL	San Juan	NM	

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

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:				
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT*	X_
REPAIR WELL (Other)		CHANGE PLANS		(Other) (Note: Report res Completion or Rec	ults of multiple mpletion Report	completion on Well	<u> </u>]

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.) *

The Mesa Verde zone was permanently plugged and abandoned in the subject well between October 1, 1976 and October 6, 1976 in the following manner:

Worked packer loose and pulled tubing.

Spotted 120 sk. cement plug in the open hole section to fill back to 3820' inside $5 \frac{1}{2}$ " liner. Topmost perforation at 4578'.

Ran tubing back in hole and landed below the Fruitland. Waited on cement. Swabbed Fruitland zone in.

The well will be tied back in to determine if it is capable of sustaining If so, it will be classified as a single producer in the production. Flora Vista Fruitland section.

		CP.	1976	
	nn: 200.470			
18. I hereby certify that the foregoing is true and o	Cil Sr.Drilling Engineer	DATE _	October 7, 1	.976
(This space for Federal or State office use) APPROVED BY	TITLE	DATE _		

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	-		
DISTRIBUTION			
SANTA FE .			
FILE			
U.S.G.A.			
LAND OFFICE			
TRAMSPORTER	OIL		
	GAS	Π	_
OPERATOR		П	
PROBATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1



Separate Forms C-104 must be filed for each pool in multiply completed wells.

REQUEST FOR	R ALLOWABLE SED 0.0 1007			
	SEP 09 1985			
AUTHORIZATION TO TRANSP	PORT OIL AND NATURAL GAS OIL CON DIV			
Operator				
MERIDIAN OIL INC.	DIST. 3			
Address	· · · · · · · · · · · · · · · · · · ·			
i da	37499			
Reason(s) for filing (Check proper box)	Other (Please explain)			
New Well Change in Transporter of:	Meridian Oil Inc. is an agent for			
	Meridian Oil Production Inc.			
	indensate			
operatorship If change of Exploration Com and address of previous owner to Meridian Oil Product	npany whose name changed, as of 4-10-85,			
II. DESCRIPTION OF WELL AND LEASE				
Lease Name Well No. Pool Name, Including Fo				
Blanco 30-12 #1 Flora Vista Fru	itland State, Federal or Fee SF 081239			
Location	0.75 Fact			
Unit Letter A 1095 Feet From The North Line	e and Feet From The			
Line of Section 4 Township T30N Range	R12W , NMPM, San Juan County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Cil or Condensate	Address (other address to which approve only of the form to			
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Company	P.O. Box 4289, Farmington, NM 87499			
If well produces oil or liquids, give location of tanks.	is gas actually connected? When			
If this production is commingled with that from any other lease or pool,	give commingling order number:			
NOTE: Complete Parts IV and V on reverse side if necessary.				
_	OIL CONSERVATION DIVISION			
VI. CERTIFICATE OF COMPLIANCE				
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED STP 1995			
been complied with and that the information given is true and complete to the best of				
my knowledge and belief.	BY Stanks. Yave			
	TITLE SUPERVISOR DISTRICT 第 3 ()			
James & Ummer F	This form is to be filed in compliance with RULE 1104.			
JAMES R. PERMENTER (Signature)	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.			
ATTORNEY-IN-FACT (Title)	All sections of this form must be filled out completely for allow-			
APRIL 10. 1985	able on new and recompleted wells.			
(Date)	Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.			