

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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 ☐ GAS WELL ☒ OTHER	2. NAME OF OPERATOR Meridian Oil Inc.	3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990'N, 1455'W	5. WELL NO. 3	6. FIELD AND POOL, OR WILDCAT Basin Dakota	7. SEC., T., R., N., OR S.E., AND SURVEY OR AREA Sec. 14, T-28-N, R-11-W N.M.P.M. 30 17	8. COUNTY OR PARISH San Juan	9. STATE NM
10. PERMIT NO.	11. ELEVATIONS (Show whether DP, ST, OR, etc.) 5898'GL							

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PLUG OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

13. 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.)

This well is being evaluated for recompletion in Fruitland Coal. An extension to December 15, 1987 is requested.

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

SIGNED

Peggy Doak

TITLE Drilling Clerk

DATE

10-21-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side