

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> 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 1710'S, 790'W		5. PERMIT NO.		6. ELEVATIONS (Show whether OF, RT, OR, etc.) 5745'GL		7. LEASE DESIGNATION AND SERIAL NO. NM 02707		8. IF INDIAN, ALLOTTEE OR TRIBE NAME		9. UNIT AGREEMENT NAME		10. FARM OR LEASE NAME Bolack F		11. WELL NO. 2		12. FIELD AND POOL, OR WILDCAT Aztec Pic.Cliffs		13. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec.1, T-30-N, R-12-W N.M.P.M.		14. COUNTY OR PARISH San Juan		15. STATE NM	
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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"/>	PULL 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)	<input type="checkbox"/>		<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)\*

05-27-87 Move on location and rig up.  
05-28-87 Install BOP. TIH w/68 jts. 1 1/4", IJ, V-55 tbg. Tag sand fill @ 2177'. Cleaned out to PBD @ 2248'. Pulled back up and landed tbg @ 2205'. Released rig.

RECEIVED  
JUN 25 1987  
ON CON. DIV.  
DIST. 3

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

SIGNED [Signature] TITLE Drilling Clerk DATE 06-15-87  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUN 24 1987  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC