

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 type="checkbox"/> X OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF-081098
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 795'N, 1040'W		8. FARM OR LEASE NAME Riddle
14. PERMIT NO.		9. WELL NO. 250
15. ELEVATIONS (Show whether DF, HT, GR, etc.) 6125'GL		10. FIELD AND POOL, OR WILDCAT Undes. Fruitland Coal
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 03, T-30-N, R-09-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"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<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"/>		<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).*

05-29-88 Spudded well at 2:30 pm 05-29-88. Drilled to 223'. Ran 5 jts. 9 5/8", 36.0#, K-55 surface casing set at 223'. Cemented with 225 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride, plus 100# extra gel-flake added on the fly (266 cu.ft.). Did not circ. to surface. Ran 2 jts. 2" tbg, tagged cmt @ 50' below ground level. Recemented thru 2" w/75 sx. Class "B" w/1/4# gel flake/sx & 3% calcium chloride (89 cu.ft.). Did not circ. to surface. WOC 2 hrs. Tag cmt @ 30' below GL. Recmt'd thru 2" w/100 sx. Class "B" w/2% calcium chloride water (118 cu.ft.). Got cmt. to surface and fell back. WOC 3.5 hrs. Recemented w/67 sx. Class "B" with 1/2# gel-flake/sx & 3% calcium chloride water (79 cu.ft.) Filled to surface and stayed. WOC 12 hours. Tested 600#/30 minutes, held ok.

RECEIVED
BLM MAIL ROOM

88 JUN -1 PH 2:56

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
JUN 3 1988

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

SIGNED

[Signature]

TITLE

Drilling

OIL CON. DIV.
DIST. 3

DATE

05-31-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOC