

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

**SUBMIT IN TRIPPLICATE\***  
(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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Meridian Oil Inc.</p> <p>3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1390'S, 1340'W</p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. SF-078208</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Sunray B</p> <p>9. WELL NO. 201</p> <p>10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coa</p> <p>11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 1, T-30-N, R-10-N.M.P.M.</p> <p>12. COUNTY OR PARISH   13. STATE San Juan   NM</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6445'GL</p>	

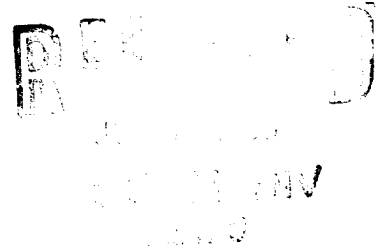
18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	RELL 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"/>	
(Other) <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.)\*

It is intended to workover the subject well in the following manner:

TOOH w/2 3/8" tbg. TIH w/6 1/4" bit and drill 5' of new hole to 3155'. TOOH. Run open hole logs. Run 4 1/2" liner to TD with +150' overlap in the 7" csg. Cmt w/50 sx 50/50 Class "B" Poz w/2% gel and 0.8% fluid loss additive. Test liner to 800 psi. TIH w/3 7/8" bit and clean out to landing collar. TOOH. Run GR-CBL-CCL. Test casing to 3500 psi. Perforate and fracture treat well. Clean up well and land 2 3/8" tbg. RD and release rig.



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

SIGNED [Signature] TITLE Regulatory Affairs (DM) DATE 06-05-89

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE [Signature] DATE JUN 07 1989

CONDITIONS OF APPROVAL, IF ANY:

**APPROVED**  
DATE JUN 07 1989  
[Signature]  
AREA MANAGER

\*See Instructions on Reverse Side