

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Meridian Oil Inc.	8. FARM OR LEASE NAME Quigley Com
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499	9. WELL NO. 250
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1030'S, 850'W	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T-30-N, R- 9-W N.M.P.M.
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 6550'GL	12. COUNTY OR PARISH   13. STATE 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 <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"/>	

(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 3285'. 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.

RECEIVED  
JUN 05 1989  
OIL CONSERVATION  
311.0

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 \_\_\_\_\_ TITLE \_\_\_\_\_ DATE APPROVED

CONDITIONS OF APPROVAL, IF ANY:

JUN 07 1989  
AREA MANAGER

\*See Instructions on Reverse Side