

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"/> <input checked="" type="checkbox"/> OTHER | 5. LEASE DESIGNATION AND SERIAL NO. SE-078200A |
| 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 2500'S, 1470'W | 8. FARM OR LEASE NAME Grambling C Com |
| 9. PERMIT NO. 6378 | 9. WELL NO. 201 |
| 10. ELEVATIONS (Show whether DF, RT, GR, etc.) | 10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T-30-N, R-10-W N.M.P.M. |
| | 12. COUNTY OR PARISH San Juan |
| | 13. STATE 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"/> | BULL OR ALTER CASING <input type="checkbox"/> |
| FRACURE 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"/> | |

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <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.)

06-18-89 Spudded well at 3:00 pm 06-18-89. Drilled to 240'. Ran 5 jts. 9 5/8", 36.0#, K-55 surface casing set at 240'. Cemented with 100 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (177 cu.ft.). Did not circ. Cemented w/ 50 sx. Class "B" w/3% calcium chloride and 1/4#/sx flocele (59 cu.ft.) circulated to surface. WOC 12 hrs. Tested 600#/30 minutes, held ok.

06-21-89 TD 3058'. Ran 72 jts. 5 1/2", 15.5#, K-55 casing, 3045' set @ 3058'. Cemented with 550 sks. Class "G" 25/75 with 0.4% FLA (644 cu.ft.) followed by 100 sx Class "G" 50/50 Poz w/2% gel and 0.8% FLA (121 cu.ft.). TC by TS @ 800'. WOC 12 hours. Held 1200#/30 min.

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

SIGNED [Signature]

TITLE Regulatory Affairs

DATE 06-23-89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE JUN 28 1989

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side