

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		88 SEP 13 AM 11:00	
2. NAME OF OPERATOR Meridian Oil Inc.		FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO	
3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499		8. FARM OR LEASE NAME Florance A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 845'N, 1590'W		9. WELL NO. 210	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, HT, GR, etc.) 6084'GL	
		10. FIELD AND POOL, OR WILDCAT Undes. Fruitland Coal	
		11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA Sec. 25, T-30-N, R-10-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 COMPLETE <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"/>	

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.\*

09-07-88 Spudded well at 3:30 pm 09-07-88. Drilled to 229'. Ran 5 jts. 9 5/8", 36.0#, K-55 surface casing set at 229'. Cemented with 150 sks. Class "G" with 1/4#/sk. gel-flake and 3% calcium chloride (177 cu.ft.). Circulated to surface. WOC 12 hrs. Tested 600#/30 minutes, held ok.

09-10-88 TD 2449'. Ran 57 jts. 7", 20.0#, K-55 intermediate casing, 2437' set @ 2449'. Cemented with 370 sks. Class "G" 65/35 Poz, with 6% gel, 2% calcium chloride and 1/2 cu.ft./sack perlite (722 cu.ft.) followed by 100 sks. Class "G" with 2% calcium chloride (115 cu.ft.). WOC 12 hours. Held 1200#/30 min. Circulated to surface.

RECEIVED  
SEP 18 1988  
OIL CON. DIV.  
DIST

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

SIGNED [Signature] TITLE Regulatory Affairs

DATE 09-12-88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

WMOCC

\*See Instructions on Reverse Side

CORRECT INFO →  
IS 354 cwt  
(300 SACKS)

SWORT NOTIC  
INFORMATION WAS  
FILED INCORRECTLY

Jt Z

3/7/89

C-25-2-10 - Floor A#210