

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 ☐ GAS ☐ WELL ☐ OTHER ☒	2. NAME OF OPERATOR Meridian Oil Inc.	3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 970'N, 790'E	5. LEASE DESIGNATION AND SERIAL NO. SF-078207	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME King	9. WELL NO. 200	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal	11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA Sec. 22, T-30-N, R-10-W N.M.P.M.	12. COUNTY OR PARISH San Juan	13. STATE NM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6321'GL											

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

Running Casing ☐

(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.)*

10-28-88 TD 2969'. Ran 9 jts. 4 1/2", 10.5#, K-55 casing liner, 327' set @ 2969'. Float collar set @ 2969'. Top of liner hanger @ 2642'. Cemented w/100 sks. Class "B" w/2% calcium chloride and 1/4#/sk. flocele (119 cu.ft.) reversed out cement.

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

SIGNED

[Signature]

TITLE

Regulatory Affairs

DATE

01-08-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC