

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—" (or such proposal.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER	5. LEASE DESIGNATION AND SERIAL NO. SF-045646A
2. NAME OF OPERATOR Meridian Oil Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 4289 Farmington, New Mexico 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 1490'N, 1100'W	8. FARM OR LEASE NAME Mansfield Com
14. PERMIT NO.	9. WELL NO. 260
15. ELEVATIONS (Show whether DP, RT, OR, etc.) 5896'GL	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
	11. SEC. T. R. M. OR BLK. AND SUBST. OR AREA SEC. 28, T30N, R9W NMPM
	12. COUNTY OR PARISH 13. STATE San Juan NM

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	_____	PULL OR ALTER CASING	_____
FRACTURE TREAT	_____	MULTIPLE COMPLETE	_____
SHOOT OR ACIDIZE	_____	ABANDON*	_____
REPAIR WELL	_____	CHANGE PLANS	_____
(Other) Permit to Drill Extension	☒		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	_____	REPAIRING WELL	_____
FRACTURE TREATMENT	_____	ALTERING CASING	_____
SHOOTING OR ACIDIZING	_____	ABANDONMENT*	_____
(Other)	_____		

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS INCLUDING STATE IN 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 anticipated that the "Permit to Drill" will expire before this well can be spudded; Therefore, an extension is requested.

RECEIVED

OCT 16 1989

OIL CON. DIV.
DIST. 3

APR 02 1990

THIS APPROVAL EXPIRES

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

SIGNED

TITLE

Regulatory Affairs

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL IF ANY:

TITLE

APPROVED

DATE

9-26-89

DATE

AREA MANAGER
FARMINGTON RESOURCE AREA