

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-03195

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Sunray H

9. WELL NO.

201

10. FIELD AND POOL, OR WILDCAT

Basin Fruitland Coal

11. SEC., T., R. M., OR BLK. AND

SURVEY OR AREA
Sec. 11, T-30-N, R-10-W
N.M.P.M.

12. COUNTY OR PARISH 13. STATE

San Juan NM

1. OIL ☐ GAS ☐
WELL ☐ 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 660'S, 270'W

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, BT, OR, ETC.)

6505'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*

(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.)*

01-05-89 TD 4853'MD. Ran 33 jts. of 5", 15.0#, N-80 liner, 1372' set @ 4850'MD. Float shoe set @ 4350'MD. Did not cement. Top of liner @ 3478'MD.

RECEIVED
BUREAU OF LAND MANAGEMENT
FARMINGTON, NEW MEXICO
09 JAN 11 PM 1:56

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

SIGNED

TITLE Regulatory Affairs

DATE

01-11-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side