

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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"/> OTHER <input checked="" type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. SF-043260B-076387
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 1350'S, 1225'W	8. FARM OR LEASE NAME Federal Com
14. PERMIT NO.	9. WELL NO. 502
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5866'GL	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coa
	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 33, T-30-N, R-11-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:

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"/>		<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.)*

05-14-89 Spudded well at 7:15 pm 05-14-89. Drilled to 233'. Ran 5 jts. 9 5/8", 36.0#, K-55 surface casing set at 233'. Cemented with 150 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (171 cu.ft.) circulated to surface. WOC 12 hrs. Tested 600#/30 minutes, held ok.

05-16-89 TD 1890'. Ran 44 jts. 7", 20.0#, K-55 intermediate casing, 1878' set @ 1890'. Cemented with 290 sks. Class "B" 65/35 with 6% gel, 2% calcium chloride, 1/2 cu.ft. perlite/sx (511 cu.ft.) followed by 100 sks. Class "B" with 2% calcium chloride (134 cu.ft.) TC by TS @ 500'. WOC 12 hours. Held 1200#/30 min.

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

SIGNED [Signature]

TITLE Regulatory Affairs DATE 05-17-89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE MAY 25 1989

FARMINGTON RESOURCE AREA

BY SMW

*See Instructions on Reverse Side

MMOCD