

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE*
(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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Meridian Oil Inc.</p> <p>3. ADDRESS OF OPERATOR Post Office Box 4289, Farmington, NM 87499</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1640'N, 1100'W</p> <p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DP, RT, GR, etc.) 5905'GL</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. SF-078604</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Scott</p> <p>9. WELL NO. 13</p> <p>10. FIELD AND POOL, OR WILDCAT Blanco Pic.Cliffs</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T-31-N, R-10-W N.M.P.M.</p> <p>12. COUNTY OR PARISH 13. STATE San Juan NM</p>
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)*

It is intended to perform the following work on this well:

MOL & RU.
Install BOP and check operation.
Pick up 1 1/4", 2.33#, J-55 IJ tubing and trip in hole.
Land tubing near 2750' with a 3' perforated joint on bottom.
Rig down.

RECEIVED
MAR 1 1988
OIL CON. DIV
DIST. 3

RECEIVED
BLM MAIL ROOM
MAR -4 AM 9:17
BUREAU OF LAND MANAGEMENT
FARMINGTON, NEW MEXICO

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

SIGNED [Signature] TITLE Drilling Clerk(WW) DATE 03-03-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE MAR 8 1988

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
[Signature]
AREA MANAGER

*See Instructions on Reverse Side

NMOCC