

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

## 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" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-		7. Unit Agreement Name
Name of Operator Meridian Oil Inc.		8. Farm or Lease Name Calloway
Address of Operator PO Box 4289, Farmington, NM 87499		9. Well No. 1A
Location of well UNIT LETTER _____ 1175 FEET FROM THE South LINE AND 1470 FEET FROM THE East LINE, SECTION 27 TOWNSHIP 31N RANGE 11W NMPM.		10. Field and Pool, or Wildcat Blanco Mesa Verde
11. Elevation (Show whether DF, RT, GR, etc.) 5684' GL		12. County San Juan

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

## NOTICE OF INTENTION TO:

## SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

08-11-88 Spudded well at 9:15 pm 08-11-88. Drilled to 231'. Ran 5 jts. 9 5/8", 36.0#, K-55 surface casing-set at 231'. Cemented with 150 sks. Class "B" with 1/4#/sk. gel-flake and 3% calcium chloride (177 cu.ft.). Circulated to surface. WOC 12 hrs. Tested 600#/30 minutes, held ok.

8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.



TITLE Regulatory Affairs

DATE 8-15-88

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT #2

FEB 16 1988

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: