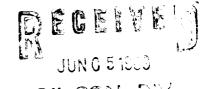
| Form 3160-5 (November 1983) (Formerly 9-331) | UNITED ST DEPARTMENT OF T BUREAU OF LAND | THE INTERIOR | SUBMIT IN TRIPLICATION on verse side) | Bud Exp | DESIGNATION A | o. 1004-0135 il. 1985 ND SERIAL NO. | |
|--|---|---------------------|--|--------------|-----------------------|---|--|
| Do not use th | NDRY NOTICES AND Is form for proposals to drull or to Use "APPLICATION FOR PER | deepen or plug back | to a different reservoir. | | | SE TRIBE NAME | |
| OIL GAS WELL WELL | X OTHER | | THE PERMIT | 7. UNIT A | MYN LNERSTE | 8 | |
| 2. NAME OF OPERATOR | NAME OF OPERATOR | | | 8. FARM O | 8. PARM OR LEASE NAME | | |
| | Meridian Oil Inc | | | Atla | ntic A | | |
| ADDESS OF OPERATOR | | | | | 9. WBLL NO. | | |
| | Post Office Box 4289, Farmington, NM 87499 | | | | 210 | | |
| i. LOCATION OF WELL See also space 17 be | LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* | | | | AND POOL, OR | WILDCAT | |
| At surface 1450'S, 1530'W | | | | | Basin Fruitland Coal | | |
| | · | | | BUR | • | -N,R-10- | |
| 4. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | | | | | T OR PARISH : | 13. STATE | |
| 6051'GL | | | San | Juan | NM | | |
| б. | Check Appropriate Box | To Indicase Natus | e of Notice, Report, o | r Other Data | | | |
| NOTICE OF INTENTION TO: | | | EQUENT REPORT | OF: | | | |
| TEST WATER SHUT- | OFF PULL OR ALTER CA | SING | WATER SHUT-OFF | | REPAIRING WE | ., | |
| FRACTURE TREAT | MULTIPLE COMPLE | TE | FRACTURE TREATMENT | | ALTERING CAR | | |
| SHOOT OR ACIDIZE | ABANDON* | | SHOOTING OR ACIDIZING | | ABANDONMENT | | |
| SEPAIR WELL | CHANGE PLANS | | (Other) | | | | |
| | | : | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | | | | |

It is intended to workover the subject well in the following manner:

TOOH w/2 3/8" tbg. TIH w/6 1/4" bit and drill 3' of new hole to 2730'. TOOH. Run openhole logs. Run 4 1/2" liner to TD with ± 150 ' overlap in the 7" csg. Cmt w/50 sx 50/50 Class B Poz w/2% gel and 0.8% fluid loss additive. Test liner to 800 psi. TIH w/3 7/8" bit and clean out to landing collar. TOOH laying down tbg. RD and release rig.

The well will be perforated and fracture treated at a later date.



| | OIL CON. DIV |
|--|---------------------------------------|
| | APPROVED |
| 18. I hereby certify that the foregoing is true and correct SIGNED RECEIVED | gulatory Affairs (DM) 05-23-89 |
| (This space for Federal or State office use) | MAV 2 1 1989 |
| APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY: | - DATE |
| | AREA MANAGER FARMINGTON RESOURCE AREA |
| *See Instructions | 3 |

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