| Form 3160-5 November 1983) (Formerly 9-331) | | THE INTERI | HE INTERIOR Verse side) | | Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO. | |
|--|---|--|--|---|--|--|
| SU | BUREAU OF LAN NDRY NOTICES AN | D REPORTS C | ON WELLS | NM-58887 | TISS OR TRIBE NAME | |
| OIL GAS | is form for proposals to drill of Use "APPLICATION FOR P | ERMIT—" (or such pr | opoeds.) | 7. UNIT AGESEMBN | NAM8 | |
| Meridian Oil Inc. Doct Office Poy 4289 Farmington NM 87499 | | | | 8. PARM OR LEASE NAME | | |
| | | | | Newco | | |
| | | | | 9. WELL EO. | | |
| Post Office Box 4289, Farmington, NM 87499 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1630'S, 1640'W | | | | | 10. FIBLD AND POOL, OR WILDCAT Basin Fruitland Coal | |
| | | | | Basin Fr | | |
| | | | | 11. asc., T., s., M., C. activer on A. | | |
| | | | | Sec.20,1 | 7-32-N,R-09-V | |
| 14. PERMIT NO. | 15. BLEVATION | 15. ELEVATIONS (Show whether DF, RT, CR, etc.) | | | ISH 13. STATE | |
| | | 67 | 78'GL | San Juar | NM | |
| 16. | Check Appropriate B | lox To Indicate N | ature of Notice, Report, or C | Other Data | | |
| | NOTICE OF INTENTION TO: | | | | STENT RAPORT OF: | |
| TEST WATER SHUT | -OFF PULL OR ALTER | R CASING | WATER SHUT-OFF | BEPAIR! | IG WELL | |
| PRACTURE TREAT | MULTIPLE COM | PLETE | FRACTURE TREATMENT | ALTERING | CASING | |
| SHOOT OR ACIDIZE | ABANDON® | i— | SHOOTING OR ACIDIZING | ABANDON | · - | |
| REPAIR WELL Other) | CHANGE PLANS | '— | Nors: Report results | Running Cas of multiple completi | on on Well | |
| T GESCRIBE PROPUSED | OR COMPLETED OPERATIONS (Clea | iriz state all pertinent | Completion or Recomp | including estimated | date of starting any | |
| proposed work. nent to this work. | | give subsurface locat | ions and measured and true vertic | al deptas for all mar | Kers and sones perti- | |
| 08-13- | 3291' set (Poz, with (perlite (10 | 3304'. C 5% gel, 2% 044 cu.ft.) loride (115 | .7", 20.0#, K-55 emented with 540 calcium chloride followed by 100 cu.ft.). WOC 12 | sks. Class and 1/2 cu. sks. Class | "B" 65/35 ft./sack "B" with 2% | |
| | | | | | (1) 1 (1) (1) (1) (1) (1) (1) (1) (1) (1 | |
| | | _ | | | 01583 | |
| | | · | | | %. ₽ | |
| 0.00 0 0.00 0 0.00 0 | | | | i Aug | far in North State North State (State State Stat | |
| 18. I hereby certify the | at the foregoing is true and co | TITLE Re | gulatory Affairs | DATE | 01-04-89 | |
| (This space for Fe | deral or State office use) | | | | | |
| APPROVED BY _ | ADDROGAT TRANS | TITLE | | DATE | | |
| CONDITIONS OF | APPROVAL, UP ANY: | | 10Ve2 | | | |

*See Instructions on Reverse Side