

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse 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"/>		3. LEASE DESIGNATION AND SERIAL NO. I-22-Ind-2772	
2. NAME OF OPERATOR Meridian Oil Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Mt.	
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 1100'S, 1000'W		8. FARM OR LEASE NAME Ute	
14. PERMIT NO.		9. WELL NO. 6	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6199' GL		10. FIELD AND POOL, OR WILDCAT Barker Creek Paradox	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T-32-N, R-14-W N.M.P.M.	
		12. COUNTY OR PARISH San Juan	
		13. STATE NM	

RECEIVED
Bureau of Land Management
JUN 17 1988
Durango, Colorado

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"/>
FRACURE TREATMENT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <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.)

18. 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:

TOOH w/8634' of 2 7/8" tbg. Set cmt. retainer @8700', and PT csg. to 2500#/30 min. If csg. will not hold pressure, plug & abandon the well.

If the csg. will hold pressure, run a Thermal Decay Time log (TDT) from 8654-6600' and 5200-4900'.

Drill out the retainer & run the 2 7/8" tbg. w/a packer.

Set the packer and load backside w/corrosion inhibitor.

The well will be considered for salt water disposal into the Baker Creek second sour zone.

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

SIGNED

TITLE Drilling Clerk(WW)

DATE

(This space for Federal or State office use)

APPROVED BY L. Mark Hollis

TITLE ACTING AREA MANAGER

DATE JUL 6 1988

CONDITIONS OF APPROVAL, IF ANY:

STIPULATIONS
ATTACHED

NMOC

*See Instructions on Reverse Side

RECEIVED
JUL 08 1988
CON. DIV
DIST. 3 06 13-88

Conditions of Approval

- 1) Wind socks phased at 90° will be required while commencing workover operation.
- 2) Blooie line with continuous pilot light required.
- 3) H₂S detection equipment must be calibrated and on hand during workover operations.
- 4) Contact this office should permanent abandonment or squeeze cementing operations be required.