Form 3160-5	UNITED ST	TATES	SUBMIT IN TRIPLE		rom approved Budget Bureau	No. 1004_0135		
(November 1983) (Formerly 9-331)	DEPARTMENT OF T		(Other Inches of a	A 1	Expires Augus	1 31, 1985 AND SERIAL NO.		
	BUREAU OF LAND	MANAGEMENT			I-22 / Ind			
4112	NDRY NOTICES AND	REPORTS ON	WELLS	6. IF	INDIAN, ALLOTTI	E OR TRIBE NAME		
:	form for proposals to drill or to Um "APPLICATION FOR PER	deepen or plug back t	o a different reservoir.		/ 			
1.	ON APPLICATION FOR FER.	arr - for suca proposa			Jte Mt.	A V 9		
OIL GAS WELL	X OTHER			\(\sigma^{\chi} \)		***		
2. NAME OF OPERATOR			<u> </u>	8. FA	EM OR LEASE NA	ME		
	Meridian Oil In	nc.			Jte			
3. ADDRESS OF OPERATO				1	LL NO.			
A LOCATION OF WPLL I	Post Office Box Report location clearly and in acco	4289,Farmi	ngton,NM 87		12			
See also space 17 bel	2708 S, 1608 W	לבן יייי יייי	"E"G"E II V		BLD AND POOL, O	_		
	2700 S, 1000 W	M	- L U	~ / / / / ·	C., T., B., M., OR	reek Parado:		
			JUL 08 1988	4 4 1 4 4	SUBVET OR AREA			
		^			N.M.P.M.	32 H,H		
14. PERMIT NO.	15. ELEVATIONS	(Show whether Dr. R.)	E-CON DI	12. 00	OUNTY OR PARISE	1 13. STATE		
RECEIVED		6415	GLDIST. 3	V -)	San Juan	NM		
Hand Manager	Check Appropriate Box	To Indicate Nature		t, or Other D	lata			
real of Laws	N 01 Lane					TENT REPORT OF:		
1.7.1988								
FRACTURE TREAT	PULL OR ALTER CA	<u> </u>	WATER SHUT-OFF FRACTURE TREATMEN	_	ALTERING C	,		
вноот ов стоюна	ABANDON*		SHOOTING OR ACIDIZI		ABANDONME	<u>;—1</u>		
DUEPAIR WELL	CHANGE PLANS		(Other)					
(Other)			Completion or I	Recompletion Be	iple completion port and Log fo	rm.)		
14. DESCRIBE PROPOSED O proposed work. If nent to this work.)	R COMPLETED OPERATIONS (Clearly well is directionally drilled, give	state all pertinent deta subsurface locations a	ils, and give pertinent nd measured and true	t dates, includir vertical depth	ig estimated dat i for all marker	e of starting any s and sones perti-		
It is	intended to perfo	orm the foll	owing work:					
			-					
	/8739' of 2 7/8"							
	l Decay Time Log							
2300#/	30 min. If csg.	WIII HOC HO	id pressure	, prug a	aballool	i the weil.		
If the	csg. will hold p	oressure, sw	ab test the	Barker	Creek s	econd sour		
	nder the retainer							
	Barker Creek sec							
rates, on TDT	plug the perfs v	//cmt and re	complete to	the fol	.lowing :	zones based		
OII IDI	109.							
Barker	Creek First Sour	Zone		8580	-8530'			
Ismay Third Sweet Zone					5-8210'			
Hermos	a Sandstones and	Limestones		8025	5 - 6900'			
Shinar	ump Sandstone			4990) - 4960 '			
		,		_	. 1			
	mercial production							
Mett M	ill be returned t	o productio	H; IE NOU,	the well	. WILL DE	e pruggea.		
18. I hereby certify that	the foregoing is true and correct		 	<u> </u>	 			
SICWED /	yatak	TITLE Dril	ling Clerk(WW)	DATE	06-13-88		
	eral or State office use)	_				# 4000		
APPROVED BY L.	Mark Hollis	TITLE ACTING	AREA MANA	GER .	JUL	6 1988		
CONDITIONS OF A	PPROVAL, IF ANY:	IIILE		X)ATE	·····		
		NMOC	0					
		•						
	*S	ee Instructions on F	leverse Side					

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.