



05-071-06267
LOG # 386528

OGCC FORM 4
Rev. 8/89

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY			
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SUNDRY NOTICES AND REPORT 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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER			5. FEDERAL/INDIAN STATE LEASE NO.
2. NAME OF OPERATOR MERIDIAN OIL INC.			6. PERMIT NO. 95-250
3. ADDRESS OF OPERATOR P.O. Box 51810 CITY STATE ZIP CODE Midland TX 79710-1810			7. API NO. 05 071 6267
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 590' FNL + 1154' F2L At proposed prod. zone			8. WELL NAME APACHE CANYON
12. COUNTY LAS ANIMAS			9. WELL NUMBER 3-1
10. FIELD OR WILDCAT APACHE CANYON (2818)			11. QTR. QTR. SEC., T.R. AND MERIDIAN NE1/4, 3, T34S, R47W

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO:

- ☐ PLUG AND ABANDON
☐ MULTIPLE COMPLETION
☐ COMMINGLE ZONES
☐ FRACTURE TREAT
☐ REPAIR WELL
☒ OTHER DRILLING PROGRAM

13B. SUBSEQUENT REPORT OF:

- ☐ FINAL PLUG AND ABANDONMENT
(SUBMIT 3RD PARTY CEMENT VERIFICATION
AND JOB LOG)
☐ ABANDONED LOCATION (WELL NEVER DRILLED-
SITE MUST BE RESTORED WITHIN 6 MONTHS)
☐ REPAIRED WELL
☐ OTHER
*Use Form 5 - Well Completion or Recompletion Report and Log
for subsequent report of Multiple/Commingle Completions
and Recompletions

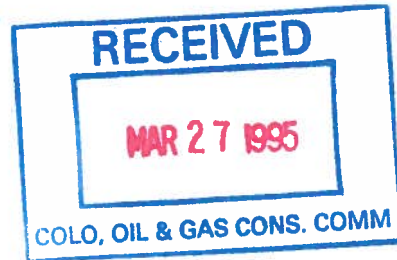
13C. NOTIFICATION OF:

- ☐ SHUT-IN/TEMPORARILY ABANDONED
(DATE _____)
(REQUIRED EVERY 6 MONTHS)
☐ PRODUCTION RESUMED
(DATE _____)
☐ LOCATION CHANGE (SUBMIT NEW PLAT)
☐ WELL NAME CHANGE
☐ OTHER _____

14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (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.

15. DATE OF WORK _____

WE ARE NOT ANTICIPATING USE OF ANY CHEMICALS THAT ARE CONSIDERED HAZARDOUS UNDER THE EPA GUIDELINES. OUR DRILLING PROGRAM IS DESIGNED TO AIR/MIST AND FRESH WATER MUD SYSTEMS.



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

SIGNED [Signature] TELEPHONE NO. 915-688-6943

NAME (PRINT) DONNA WILLIAMS TITLE REGULATORY ASSISTANT DATE 1/13/95

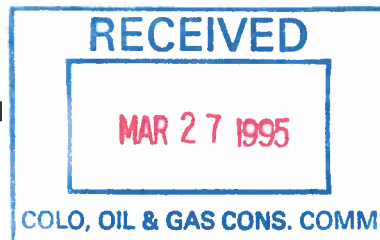
(This space for Federal or State office use)

APPROVED _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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SIGNED Donna Williams TELEPHONE NO. 915-688-6943

NAME (PRINT) DONNA WILLIAMS TITLE REGULATORY ASSISTANT DATE 1/13/95

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