

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



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SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		5. FEDERAL INDIAN OR STATE LEASE NO. N/A (Fcc)
1. OIL <input type="checkbox"/> WELL GAS <input checked="" type="checkbox"/> WELL COALBED <input type="checkbox"/> METHANE <input type="checkbox"/> WELL INJECTION <input type="checkbox"/> WELL OTHER <input type="checkbox"/>		6. PERMIT NO. 941151
2. NAME OF OPERATOR Meridian Oil, Inc.		7. API NO. 05-103-9721
3. ADDRESS OF OPERATOR 5613 DTC Parkway, Suite 1000, P.O. Box 3209 CITY STATE ZIP CODE Englewood Colorado 80155-3209		8. WELL NAME Buckskin Mesa Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 500' FNL, 1200' FEL At proposed production zone		9. WELL NUMBER 41-27
		10. FIELD OR WILDCAT Powell Park/Ohio Creek
12. COUNTY Rio Blanco		11. QTR. QTR. SEC., T.R. AND MERIDIAN NENE Sec. 27-T1N-R95W ✓

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

13A. NOTICE OF INTENTION TO: <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLED ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input checked="" type="checkbox"/> OTHER Drill to Deeper Depth and Drill Plan Changes	13B. SUBSEQUENT REPORT OF: <input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED. SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input type="checkbox"/> OTHER <small>*Use Form 3 Well Completion or Recompletion Report and Log for subsequent report of Multiple Commingled Completions and recompletions</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY SIX MONTHS) <input type="checkbox"/> PRODUCTION RESUMED (DATE _____) <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input type="checkbox"/> OTHER _____
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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 December 7, 1994

Meridian Oil Inc. requests permission to drill the above captioned well to a deeper total depth of 4200' to the Ohio Creek formation rather than the previously approved TD of 1450' in the Wasatch formation.

Meridian also requests permission for the following drill plan design changes to the above captioned well:

1. Surface casing to be set at 500'
2. Production hole to be drilled to 4,200' with mud
3. Production hole to be cased to TD and perforated for production

16. I hereby certify that the foregoing is true and correct.
 SIGNED Eileen Danni Dey TELEPHONE NO. (303)930-9393
 NAME (PRINT) Eileen Danni Dey TITLE Regulatory Compliance Administrator DATE 12/06/94

(This space for Federal or State Office Use)
 APPROVED [Signature] TITLE SR. PETROLEUM ENGINEER DATE DEC 07 1994
 CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.

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

RECEIVED

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COLO. OIL & GAS CONSV. COMM.

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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 GAS WELL COALBED METHANE INJECTION WELL OTHER

5. FEDERAL INDIAN OR STATE LEASE NO.

N/A (Fee)

6. PERMIT NO.

941151

2. NAME OF OPERATOR

Meridian Oil, Inc.

3. ADDRESS OF OPERATOR

5613 DTC Parkway, Suite 1000, P.O. Box 3209

CITY STATE ZIP CODE

Englewood Colorado 80155-3209

7. API NO.

05-103-9721

8. WELL NAME

Buckskin Mesa Unit

9. WELL NUMBER

41-27

10. FIELD OR WILDCAT

Powell Park/Wastch

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)

At surface

500' FNL, 1200' FEL

At proposed production zone

12. COUNTY

Rio Blanco

11. QTR. QTR. SEC., T.R. AND MERIDIAN

NENE Sec. 27-T1N-R95W

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 Drill Plan Design Changes

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 3 Well Completion or Recompletion Report and Log for subsequent report of Multiple Commingled Completions and recompletions

13C. NOTIFICATION OF:

SHUT-IN TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY SIX 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 December 26, 1994

Meridian Oil Inc. requests permission for the following drill plan design changes to the above captioned well:

1. Surface casing to be set at 250'
2. Production hole to be drilled to 1,900' with mud
3. Production hole to be cased to TD and perforated for production

Cement to surface!

16. I hereby certify that the foregoing is true and correct
 SIGNED Eileen Danni Dey / sm TELEPHONE NO. (303)930-9393
 NAME (PRINT) Eileen Danni Dey TITLE Regulatory Compliance Administrator DATE 11/23/94

(This space for Federal or State office use)
 APPROVED [Signature] TITLE Prof. Eng I DATE 11/30/94
 CONDITIONS OF APPROVAL, IF ANY:

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
SUBMIT ORIGINAL AND 1 COPY

To file

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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 GAS WELL COALBED METHANE INJECTION WELL OTHER

2. NAME OF OPERATOR: Meridian Oil Inc.

3. ADDRESS OF OPERATOR: 5613 DIC Parkway
CITY: Englewood STATE: CO ZIP CODE: 80111

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface: 500' FNL, 1200' FEL
At proposed prod. zone: same as above

5. FEDERAL INDIAN OR STATE LEASE NO: N/A (Fee)

6. PERMIT NO: 9411151

7. API NO: 05-103-9721

8. WELL NAME: Buckskin Mesa Unit

9. WELL NUMBER: 11-27

10. FIELD OR WILDCAT: Powell Park

11. QTR. QTR. SEC., T.R. AND MERIDIAN: NENE Sec. 27-T1N-R9E

12. COUNTY: Rio Blanco

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

<p>13A. NOTICE OF INTENTION TO:</p> <p><input type="checkbox"/> PLUG AND ABANDON</p> <p><input type="checkbox"/> MULTIPLE COMPLETION</p> <p><input type="checkbox"/> COMMINGLE ZONES</p> <p><input type="checkbox"/> FRACTURE TREAT</p> <p><input type="checkbox"/> REPAIR WELL</p> <p><input type="checkbox"/> OTHER _____</p>	<p>13B. SUBSEQUENT REPORT OF:</p> <p><input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)</p> <p><input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED. SITE MUST BE RESTORED WITHIN 6 MONTHS)</p> <p><input type="checkbox"/> REPAIRED WELL</p> <p><input checked="" type="checkbox"/> OTHER Revised Casing Design</p> <p><small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple Commingled Completions and Recompletions</small></p>	<p>13C. NOTIFICATION OF:</p> <p><input type="checkbox"/> SHUT-IN TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 MONTHS)</p> <p><input type="checkbox"/> PRODUCTION RESUMED (DATE _____)</p> <p><input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT)</p> <p><input type="checkbox"/> WELL NAME CHANGE</p> <p><input type="checkbox"/> OTHER _____</p>
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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 11/15/94

The casing design for the above captioned well has been revised (please see revised Drilling Plan).

verbal

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

SIGNED Eileen Danni Dey TELEPHONE NO. (303) 930-0305

NAME (PRINT) Eileen Danni Dey TITLE Regulatory Compliance Adm. DATE 10/3/94

(This space for Federal or State office use)

APPROVED [Signature] TITLE Prof. Eng I DATE 10-21-94

CONDITIONS OF APPROVAL, IF ANY: