



MERIDIAN OIL

303 930 9491 P.04

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PART 8/83

103-09721

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

SWNW 35 - 1N - 9E

SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY

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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.)

5. FEDERAL INDIAN OR STATE LEASE NO.

1. OIL GAS COALBED INJECTION  
☐ WELL ☒ WELL ☐ METHANE ☐ WELL ☐ OTHER

6. PERMIT NO.

2. NAME OF OPERATOR

Meridian Oil, Inc.

7. API NO.

05-103-97210

3. ADDRESS OF OPERATOR

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

8. WELL NAME

Buckskin Mesa Unit

CITY STATE ZIP CODE

Englewood Colorado 80155-3209

9. WELL NUMBER

41-27

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

At surface

10. FIELD OR WILDCAT

Powell Park

At proposed production zone

12. COUNTY

Rio Blanco

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

NENE S27 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 Acquire permit to spread drilling mud.

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 Commingle Completions  
and recompletions

13C. NOTIFICATION OF:

- ☐
- SHUT-IN TEMPORARILY ABANDONED
- 
- (DATE )
- 
- (REQUIRED EVERY SIX MONTHS)
- 
- ☐
- PRODUCTION RESUMED
- 
- (DATE )
- 
- ☐
- LOCATION CHANGE (SUBMIT NEW FLAT)
- 
- ☐
- 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 perforated)

15. DATE OF WORK Work Completed 8/95.

Use of the bentonite from the drilling mud to seal off the bottom of the reservoir to hold the water/ the water will be used for irrigation.



00042782

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

TELEPHONE NO. (303)930-9264

NAME (PRINT) O.L. Ryock

TITLE Environmental &amp; Safety Supervisor

DATE 11/17/94

(This space for Federal or State official use)  
APPROVED  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NOV 18 1994