



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



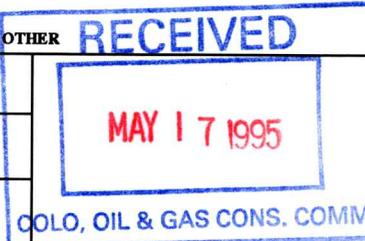
SUBMIT ORIGINAL AND 1 COPY

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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. 26922	
2. NAME OF OPERATOR MERIDIAN OIL INC.			6. PERMIT NO. 941950	
3. ADDRESS OF OPERATOR P.O. Box 51810 CITY STATE ZIP CODE Midland TX 79710-1810			7. API NO. 05-071-6216	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 786' FNL & 366' FEL At proposed prod. zone SAME			8. WELL NAME APACHE CANYON	
12. COUNTY LAS ANIMAS			9. WELL NUMBER 2-1	
10. FIELD OR WILDCAT APACHE CANYON (2818)			11. QTR. QTR. SEC., T.R. AND MERIDIAN NE/NE, 2, 34S, 68W	



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"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input checked="" type="checkbox"/> OTHER <u>EXTEND PERMITS</u>	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 <i>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions</i>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED (DATE _____) (REQUIRED EVERY 6 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 _____

MERIDIAN OIL INC. RESPECTFULLY REQUESTS APPROVAL TO EXTEND SAID PERMIT FOR ANOTHER SIX (6) MONTHS. REFERENCED PERMIT EXPIRES ON JUNE 25, 1995.

BEST IMAGE AVAILABLE

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

SIGNED Donna Williams

TELEPHONE NO. **915-688-6943**

NAME (PRINT) **DONNA WILLIAMS** TITLE **REGULATORY ASSISTANT**

DATE **5/10/95**

(This space for Federal or State office use)

APPROVED Jackie Hoke TITLE EA DATE 6-26-95

CONDITIONS OF APPROVAL, IF ANY:

Extended to → Dec. 22, 1995