

NOV-17-1994 13:30

MERIDIAN OIL

303 930 9491 P.02

OCCC Form 4

Rev 8/89

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



00062627

SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY			
ET	FE	UC	SE

SW NW 35-1N-95W

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.

6. PERMIT NO.

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

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

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

At surface

At proposed production zone

7. API NO.

05-103-97480

8. WELL NAME

Buckskin Mesa Unit

9. WELL NUMBER

43-26

10. FIELD OR WILDCAT

Powell Park

12. COUNTY

Rio Blanco

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

NESE S26 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 JOE 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 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 pertinent)

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.

16. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TELEPHONE NO. (303)930-9264
NAME (PRINT) O.L. Fyock TITLE Environmental & Safety Supervisor DATE 11/17/94

(This space for Federal or State official use)

APPROVED [Signature]

CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE

NOV 18 1994