

NOV-17-1994 13:33

MERIDIAN OIL

303 930 9491 P.09

SWNW 35-1N-954

OGCC Form 4

Rev 8/89



00062472

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 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 CAS COALBED INJECTION WELL WELL METHANE WELL OTHER <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		5. FEDERAL INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR Meridian Oil, Inc.		6. PERMIT NO.
3. ADDRESS OF OPERATOR 5613 DTC Parkway, Suite 1000, P.O. Box 3209 CITY STATE ZIP CODE Englewood Colorado 80155-3209		7. APINO. 05-103-97420
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		8. WELL NAME Buckskin Mesa Unit 9. WELL NUMBER 13-23 10. FIELD OR WILDCAT Powell Park
12. COUNTY Rio Blanco		11. QTR. QTR SEC. T.R. AND MERIDIAN NWSW S23 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"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input checked="" type="checkbox"/> OTHER Acquire permit to spread drilling mud.	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 Resumption Report and Log for subsequent report of Multiple Completed 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 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] TITLE _____ DATE NOV 18 1994
 CONDITIONS OF APPROVAL, IF ANY: