

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator Meridian Oil Inc.</p> <hr/> <p>3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec, T, R, M. 2175'N, 1850'E Sec.1, T-24-N, R-6-W, NMPM</p>	<p>5. Lease Number SF-080594</p> <p>6. If Indian, All.or Tribe Name</p> <p>7. Unit Agreement Name Canyon Largo Unit</p> <p>8. Well Name & Number Canyon Largo Unit #111</p> <p>9. API Well No.</p> <p>10. Field and Pool Basin Dakota</p> <p>11. County and State Rio Arriba County, NM</p>
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12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other- evaluate uphole zones	

13. Describe Proposed or Completed Operations

The subject well is under evaluation for a recompletion to an upper horizon. We are in the process of attempting to acquire uphole working interests. We will notify you with a recompletion procedure when the transactions have been completed.

RECEIVED

NOV 20 1991

OIL CON. DIV.

DIST. 3

14. I hereby certify that the foregoing is true and correct
Signed John D. Adams (LS) Title Regulatory Affairs Date 11-12-91
ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITION OF APPROVAL, IF ANY:

NOV 14 1991
DATE

FARMINGTON RESOURCE AREA

BY SM