

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 PO Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec., T, R, M NESE Sec.13, T-25-N, R-10-W, NMPM <i>1550' ESL & 1510' FWL</i></p>	<p>5. Lease Number SF-079709 <i>019787</i></p> <p>6. If Indian, All. or Tribe Name</p> <p>7. Unit Agreement Name Huerfano Unit</p> <p>8. Well Name & Number Huerfano Unit #221</p> <p>9. API Well No.</p> <p>10. Field and Pool Basin Dakota</p> <p>11. County and State San Juan Co, 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 -	

13. Describe Proposed or Completed Operations

This well may have a casing failure. It is intended to pull the tubing, pick up an isolation packer, TIH, and set the pkr at approximately 6000'.

The well will be swabbed and returned to production.

THIS APPROVAL EXPIRES DEC 31 1992

RECEIVED
BLM
92 SEP -9 PM 2:38
CLERK, BLM, NM

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

Signed *[Signature]* (JAS) Title Regulatory Affairs Date 9/9/92

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

SEP 11 1992

AREA MANAGER

UNACOD