

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. 1650'S, 990'E Sec.19, T-26-N, R-9 -W, NMPM</p> | <p>5. Lease Number NM-03493</p> <p>6. If Indian, All.or Tribe Name</p> <hr/> <p>7. Unit Agreement Name Huerfano Unit</p> <hr/> <p>8. Well Name & Number Huerfano Unit NP #23</p> <p>9. API Well No. 30-045-05743</p> <p>10. Field and Pool Basin Fruitland Coal</p> <p>11. County and State San Juan County, NM</p> |
|---|---|

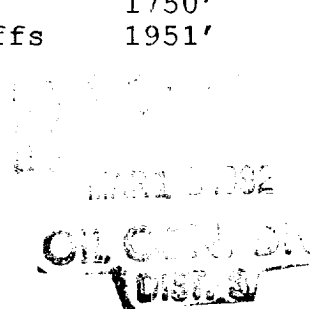
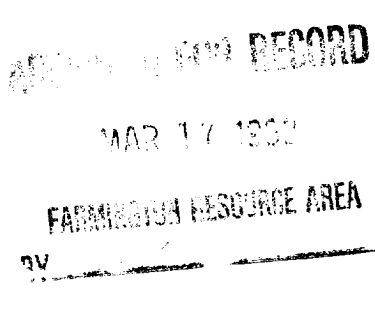
12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

| | | |
|--|--|--|
| Type of Submission | Type of Action | |
| <input 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 type="checkbox"/> Other | |

13. Describe Proposed or Completed Operations

Formation tops for the completion report should be

| | |
|-----------------|-------|
| Ojo Alamo | 1100' |
| Kirtland | 1250' |
| Fruitland | 1750' |
| Pictured Cliffs | 1951' |

14. I hereby certify that the foregoing is true and correct
Signed [Signature] Title Regulatory Affairs Date 3-3-92

(This space for Federal or State office use)

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