

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

Sundry Notices and Reports on Wells

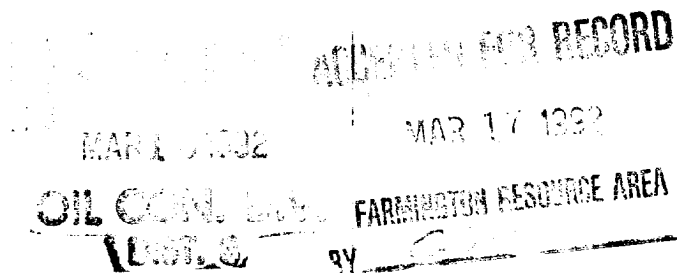
<p>1. Type of Well GAS</p> <hr/> <p>2. Name of Operator Meridian Oil Inc.</p> <hr/> <p>3. Address & Phone No. of Operator Box 4289, Farmington, NM 87499 (505) 326-9700</p> <hr/> <p>4. Location of Well, Footage, Sec, T, R, M. 800'N, 800'W Sec. 22, T-26-N, R-9 -W, NMPM</p> <hr/>	<p>5. Lease Number NM-012736</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 #138</p> <p>9. API Well No. 30-045-05788</p> <p>10. Field and Pool Basin Fruitland Coal</p> <p>11. County and State San Juan 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 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

The top of the Pictured Cliffs formation should be at 1975'.



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:

NMOC