

submitted in lieu of Form 3160-5

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well GAS	5. Lease Number NM-02874A
2. Name of Operator MERIDIAN OIL	6. If Indian, All. or Tribe Name
3. Address & Phone No. of Operator PO Box 4289, Farmington, NM 87499 (505) 326-9700	7. Unit Agreement Name Huerfano Unit
4. Location of Well, Footage, Sec., T, R, M 990'FSL, 990'FEL Sec.17, T-26-N, R-10-W, NMPM	8. Well Name & Number Huerfano Unit 104
	9. API Well No.
	10. Field and Pool Basin Dakota
	11. County and State San Juan Co, NM

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"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other -
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Conversion to Injection

13. Describe Proposed or Completed Operations

This well is being evaluated for Fruitland Coal recompletion. It is planned to stimulate several Fruitland Coal wells just north of this location early in 1994. The results of these stimulations should determine whether this well is recompleted to the Fruitland Coal.

RECEIVED  
OCT 18 1993  
OIL CON. DIV.  
DIST. 3

53 OCT 14 PM 3:42  
OCT 14 1993

RECEIVED  
BLM

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

Signed [Signature] (MP) Title Regulatory Affairs Date 10/14/93

(This space for Federal or State Office use)

APPROVED BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CONDITION OF APPROVAL, if any:

OCT 15 1993

FARMINGTON DISTRICT OFFICE  
SPM