

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

55 MAY -7 AM 7:51

1. Type of Well
GAS

ONE WELL SAN, NM

5. Lease Number
NM-09840

6. If Indian, All. or
Tribe Name

7. Unit Agreement Name

2. Name of Operator
MERIDIAN OIL

3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700

8. Well Name & Number
Tibbar Federal #4

9. API Well No.
30-045-20039

4. Location of Well, Footage, Sec., T, R, M
1668' FNL, 822' FEL, Sec.25, T-26-N, R-9-W, NMPM

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 checked="" 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

Please cancel our sundry to plug and abandon the subject well approved 4-25-95.
The well is currently producing.

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

Signed Debra B. Smith (ROS1) Title Regulatory Administrator Date 5/6/96

(This space for Federal or State Office use)

APPROVED BY _____ Title _____ Date _____

CONDITION OF APPROVAL, if any:

APPROVED

MAY 10 1996
Debra B. Smith
REG. AD.

44000